

2033 Swanson Ave. • Lake Havasu City, AZ 86403

800-321-1614 • Fax 855-250-2830

Dr. Name <u>Mr. Jar</u>	mes Shuck		Acct. # _	10-11111	X
Phone #		Email			
Address					
		City/State/Zip			
Patient Name			O Male	Female	Age
	First	Last			
Deliver by 5 p.m. on				O Call befo	ore starting case

per unit (up to 4 units)

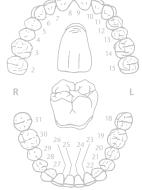
Special Rx Offer**

- 1. Carefully package your case, including this Rx, and tape box securely closed.
- 2. To schedule overnight shipping pick-up, call us at 800-321-1614.
- 3. Please allow full working time for each product selected.
- 4. You'll save \$45/unit (up to 4 units). Use all four prescriptions for 4 units each and you will save \$720.

Offer expires July 31, 2015

* * Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. Include multiple cases in each box to save money on shipping. This personalized prescription offer is intended for the dentist and account. number listed above. It is nontransferable. Limit one special offer per case. No copies accepted. Offer applicable for a maximum of four specially priced Rxs per account for specified products only. Special pricing not valid with any other offer.





All Restorations			
Made in the USA			

Signature	[see reverse for limited warranty details]
License #	

CERAMIC SHADE INSTRUCTIONS

O Male O Female



Indicate Shade Here

OCCLUSAL STAINING

O None

O Light*

O Medium

O Dark

PONTIC DESIGN

\bigcirc	\bigcirc
Ă	\times
\circ	\circ



*Standard unless otherwise specified

IF NO OCCLUSAL CLEARANCE

O Reduction Coping

O Spot Opposing

ENCLOSED WITH CASE

O Impressions

O Models

O Bite

O Other:

LABORATORY USE ONLY

Mail

By

TERMS AND WARRANTY INFORMATION

Please allow full working time for each product selected. Working times are <u>NOT</u> guaranteed and do <u>NOT</u> include weekends or holidays.

Only \$7 shipping per box <u>EACH</u> way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

We honor VISA, MASTERCARD, AMEX and DISCOVER.

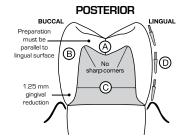
TERMS: All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY. New West Dental Ceramics ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (4) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (5) all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEGUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable r

PRISMATIK CZ PREPARATION GUIDELINES

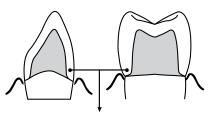
ANTERIOR LINGUAL Preparation must be parallel to lingual surface 1.25 mm gingival reduction

- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes



- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM-PORCELAIN LABIAL OR 360° MARGIN



1.25 mm gingival reduction using rounded shoulder margin design