

# PRESCRIPTION FORM<sup>Rx</sup>

DOCTOR:

LICENSE #:

PHONE:

DATE DUE

PATIENT:

SEX:

AGE:

/ /

SPECIAL INSTRUCTIONS:

TIME NOTICE SENT

CALL BY

LAB/USE ONLY

SPOKE WITH

LAB USE ONLY

NEW DATE

LAB/USE ONLY

ACCT. #:

SIGNATURE:

TOOTH NUMBERS: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

## — CROWN AND BRIDGE —

ZIRCONIA  ZIRLITE SOLID ZIRCONIA™  OPTIC TRANSLUCENT ZIRCONIA™  BRUXZIR™  METHOD PFZ  
IPS E.MAX  IPS E.MAX® (full contour/veneer) | ALL CERAMIC VENEERS  EMAX VENEERS  ZIRO™ NO-PREP ZIRCONIA VENEERS

## DESIGN REQUIREMENTS

### LEVEL OF AESTHETICS

ESSENTIAL LINE\*  STUDIO LINE (UPGRADE)

### SHADE MAPPING

BASIC SHADE \_\_\_\_\_ STUMP SHADE \_\_\_\_\_

### CHARACTERIZATION GUIDE

OCCLUSAL STANING:  NONE  LIGHT\*  MEDIUM  DARK | INCISAL TRANSLUCENCY:  NONE  LIGHT\*  MEDIUM  HEAVY

### PONTIC DESIGN

HIGH-WATER  SANITARY  MODIFIED\*  RIDGE LAP  OVATE

### MARGIN DESIGN

LABIAL  360 PORCELAIN  PORCELAIN  FULL LINGUAL

PORCLAIN TO MARGIN\*  LINGUAL COLLAR  FULL COLLAR  OCCLUSAL (Excluding cusp)  OCCLUSAL (Including cusp)

## — IMPLANTOLOGY —

CUSTOM IMPLANT ABUTMENTS  HYBRID (Zirconia abutment w/titanium base)  TITANIUM  MILLED TITANIUM IMPLANT BAR

SCREW-RETAINED CROWNS  ZIRLITE SCREW-RETAINED  OPTIC SCREW-RETAINED  METHOD PFZ SCREW-RETAINED

## CUSTOM ABUTMENT

SYSTEM \_\_\_\_\_ SIZE \_\_\_\_\_

### ABUTMENT MARGIN DEPTH

FACIAL \_\_\_\_\_ LINGUAL \_\_\_\_\_ MESIAL \_\_\_\_\_ DISTAL \_\_\_\_\_

### ABUTMENT MARGIN DESIGN

SURGICAL PLACEMENT  TISSUE DISPLACEMENT  NO TISSUE DISPLACEMENT

### ABUTMENT EMERGENCE PROFILE

SHOULDER  CHAMFER

## — BITE SPLINTS —

COMFORT H/S SPLINT  ASTRON CLEARSPLINT  GELB/MORA

## — OTHER SERVICES AND FEATURES —

DIGITAL MODEL  DIAGNOSTIC WHITE WAX  DIGITAL TEMPS  CUSTOM SHADE  IMPLANT ANALOG  IMPLANT FINAL SCREW

## ADDITIONAL INFORMATION<sup>Rx</sup>

### — IN-LAB WORKING TIMES —

Please allow full working time for each product selected. Working times are not guaranteed. Working times do not include days in transit, weekends, or holidays. Please call ahead to preschedule any rush cases.

PRODUCT TYPE	DAYS
CONTOUR	3-5
PFZ (PORCELAIN-FUSED-TO-ZIRCONIA)	5
IPS E.MAX	5
EMAX VENEERS	7
ZIRO VENEERS	7
BITE SPLINTS/MOUTH GUARD	4
CUSTOM IMPLANT ABUTMENTS	5
DIAGNOSTIC WHITE WAX	5
DIGITAL TEMPS	5
ANTERIOR CROWNS	+2
FOUR UNITS OR MORE	+2
COMBO CASE - FULL TIME IN LAB FOR EACH MATERIAL TYPE	COMBO

### — PREPARATION GUIDELINES —

FULL CONTOUR ANTERIOR	FULL CONTOUR POSTERIOR
<p>Preparation must be parallel to occlusal surface.</p> <p>1.25 mm gingival reduction.</p> <ul style="list-style-type: none"> <li>A 2.0 mm incisal reduction</li> <li>B 1.5 mm middle third reduction</li> <li>C Labial &amp; lingual wall must be convergent</li> </ul>	<p>Preparation must be parallel to occlusal surface.</p> <p>1.25 mm gingival reduction.</p> <ul style="list-style-type: none"> <li>A 2.0 mm occlusal reduction</li> <li>B 1.5 mm middle third reduction</li> <li>C Buccal &amp; lingual wall must be convergent</li> </ul>
ALL-CERAMIC CROWNS	FULL CONTOUR ANTERIOR
<p>Labial Lingual Interproximal 1-1.5 mm</p> <p>Incisal/Occlusal 1.5-2mm</p>	<p>1.5 mm Incisal reduction</p> <ul style="list-style-type: none"> <li>A 0.3-1.0mm labial reduction</li> </ul>

### — IMPLANT COMPATIBILITY —

#### CUSTOM TITANIUM AND HYBRID ABUTMENT

**ASTRA TECH DENTAL †**  
OSSEOSPEED †  
**BIOMET 3I †**  
CERTAIN †

**KEYSTONE DENTAL †**  
PRIMACONNEX †  
**NOBEL BIOCARE †**  
BRANEMARK SYSTEM †

**NOBELACTIVE †**  
NOBELREPLACE †  
**STRAUMANN †**  
BONE LEVEL †

**NEOSS †**  
**ZIMMER DENTAL †**  
SCREW-VENT †

### — TERMS AND WARRANTY INFORMATION —

For your convenience we accept VISA, MASTERCARD and AMERICAN EXPRESS for payment of your balance. Payment Terms: To open an account a valid card must be on file. Payment Preference and Account Authorization forms must be completed and signed to activate account. See forms for complete payment terms.

LIMITATION OF LIABILITY: THE CUSTOMER FURTHER ACKNOWLEDGES THAT METHOD DENTAL LAB (THE COMPANY) DOES NOT AND CANNOT WARRANT THE PERFORMANCE OR RESULT THAT MAY BE OBTAINED BY USING THE PROSTHESES. THE CUSTOMER ACKNOWLEDGES THAT IN NO EVENT WILL THE COMPANY BE LIABLE TO ANY PARTY, INCLUDING BUT NOT LIMITED TO PATIENTS OF THE CUSTOMER (DENTIST OR CONTRACTING LABORATORY) FOR ANY DAMAGES RESULTING FROM ANY USE OF THE PROSTHESES OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, INCIDENTAL OR CONSEQUENTIAL DAMAGES, WHETHER CLAIMED BY THE CUSTOMER, ANY PATIENT OF THE CUSTOMER, OR ANY OTHER PARTY. IN ADDITION, THE CUSTOMER UNDERSTANDS THAT NO PATIENT OF THE CUSTOMER, OR AN OTHER PERSON NOT A PARTY OF THIS AGREEMENT, WILL BE CONSIDERED A THIRD-PARTY BENEFICIARY TO THIS AGREEMENT AND THAT NO SUCH PERSON WILL BE ABLE TO ENFORCE AGAINST THE COMPANY ANY REPRESENTATIONS OR WARRANTIES, IF ANY, HEREIN OR BY THE CUSTOMER TO SUCH PATIENT.

### — LAB USE ONLY —

DATE IN	BY
INVENTORY IN	
IMPRESSION(S)	
BITE(S)	
UPPER/LOWER MODEL(S)	
DIE(S)	SOFT TISSUE
PHOTO(S)	OTHER
IMPLANT PARTS IN	
ANALOG(S)	TRANSFER(S)
JIG(S)	SURGICAL STENT
SCREW(S)	ATTACHMENT(S)
ABUTMENT(S)	
IMPLANT TOOL(S)	

DATE OUT	BY
INVENTORY OUT	
CROWN(S)	
PARTIAL(S)	
DENTURE(S)	
ABUTMENTS	
INVENTORY OUT	
ANALOG(S)	TRANSFER(S)
JIG(S)	SURGICAL STENT
SCREW(S)	ATTACHMENT(S)
ABUTMENT(S)	
IMPLANT TOOL(S)	