

3974 Jurupa Ave., Riverside, CA 92506 800-321-9943 • Fax 866-861-7959 riversidelab.com

Dr. Name				
Acct. #	P	hone #		
Patient Name	st Last			
Deliver by 5 p.m. on	si LdSi.	Call before starting case		
	SHADE INFORMATION	SELECT RESTORATION TYPE		
	TOOTH NO	☐ Crown ☐ Splinted Crowns ☐ Bridge		
	FINAL SHADE	CEMENT-RETAINED RESTORATIONS		
	Occlusal Staining: Light Med Dark None			
	SELECT ABUTMENT TYPE Custom Implant Abutments Titanium Abutment Zirconia w/ Ti-Base	□ Obsidian Fused to Non-Precious □ BruxZir Full-Strength (1,150 MPa) □ Obsidian Fused to White Noble □ Obsidian Fused to □ IPS e.max □ IPS e.max		
	Prepare existing abutment	White High Noble ☐ Prismatik CZ ☐ PFM—OcclusalGold ☐ Full-Cast		
	See reverse for implant systems supported SCREW-RETAINED RESTORATIONS	YHN Prin Cast		
	☐ Obsidian Fused to White Noble Metal ☐ Obsidian Fused to White High Noble ☐ BruxZir Full-Strength (1,150 MPa) (w/Ti-Base)¹ ☐ NEW! BruxZir Esthetic (870 MPa) (w/Ti-Base) ☐ IPS e.max (w/Ti-Base)	CONTOUR AND OCCLUSION DESIGN Embrasures: Open Closed† Occlusion: Heavy Light† Contacts: Pinpoint Light Broad & Tight		
	PARALLEL ABUTMENTS No See (Indicate which abutments will have restorations splinted together for insertion.)	RESTORATION PONTIC DESIGN		
	ABUTMENT MARGIN DEPTH			
d warranty details)	Facial Mesial	RESTORATION METAL DESIGN		
	Lingual Distal If left blank, default values will be used.			
BELOW R L -92 (2) (2) (2) (2)	ABUTMENT MARGIN DESIGN Shoulder for Chamfer for PFM/BruxZir [†]			
31	EMERGENCE PROFILE	IF NO OCCLUSAL CLEARANCE		
		 ☐ Call doctor ☐ Spot opposing ☐ Metal occlusion ☐ Metal island ☐ Make this a permanent note in my master file 		

☐ No tissue

displacement

displacement[†]

placement

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Indicate implant system _

INDICATE DIAMETER

Signature

License #

†Standard unless specified otherwise

CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain®*	CAMLOG® SCREW-LINE*	Dentium® Implantium®† SimpleLine® II Superline®†	DENTSPLY Impl ANKYLOS® C/ ASTRA TECH Implant System	X* Hahr Impla n®* Inclusi	well Direct Tapered nt System† ve® Tapered nt System*	HIOSSEN® HG System*
Keystone Dental PrimaConnex®	MegaGen AnyRidge® Implant System*	Neoss® Brår Implant	Nobel Biocare nemark System® RP* NobelActive®* NobelReplace®*	Straumann® Bone Level* Tissue Level*	Sweden & Martina Premium [†] Shelta [†]	Zimmer Dental Screw-Vent®*

*Manufactured using Inclusive® components. †Manufactured using original equipment manufacturer (OEM) components. Inclusive is a registered trademark of Prismatik Dentalcraft, Inc. Hahn Tapered Implant is a trademark of Prismatik Dentalcraft, Inc. All other trademarks are property of their respective owners. For Dentium implant systems, only titanium custom abutments are available.

IN-LAB WORKING TIME

Please allow full working time for <u>each</u> product selected. Working times are <u>NOT</u> guaranteed and do <u>NOT</u> include weekends or holidays. Rush service available on most products but must be prescheduled.

Abutments and Crowns Obsidian crown over a stock implant abutment	Days in Lab
Zirconia crown over a stock implant abutment	
Screw-retained BruxZir crown with titanium base	7
Screw-retained Obsidian crowns	7
Custom titanium or zirconia with titanium base abutment	8
Custom titanium or zirconia with titanium base abutment with crown	13

All Restorations Made in California

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

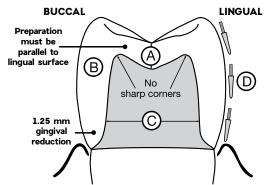
TERMS: All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY: Riverside 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) Transition Crowns and Bridges® up to two years; (5) 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; (6) 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 CONSEQUENTIAL, 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 deliver

CROWN PREPARATION GUIDELINES

LINGUAL LABIAL Preparation must be parallel to lingual surface (D)B` A. 2 mm incisal reduction B. 1.5 mm middle third reduction CC. Labial and lingual walls must 1.25 mm gingival be convergent reduction D. Preparation should be cut in three planes

ANTERIOR



POSTERIOR

- 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