

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____ City/State/Zip _____

Patient Name _____ Male Female Age _____ Deliver by 5 p.m. on _____
First Last




Acrylic Shade:
 Std G1 Med G3 Dark G4
 Kenson Teeth (Included at no extra charge)
 Shade _____ Mould _____
 Premium Brand Teeth (Extra charge applies)
 Shade _____ Brand _____ Mould _____


ACCESS HOLES ON FACIAL
 Call doctor No call needed
 Provide angle correcting abutments
 (Extra charge applies)


DENTURE REINFORCEMENT
 Horseshoe cast palate
 Cast mesh 360° wraparound

MINI IMPLANTS WITH O-BALL HEAD
 Ø2.2 mm Ø2.5 mm Ø3.0 mm
 Specify quantity of each length:
 ___10 mm ___10 mm ___10 mm
 ___13 mm ___13 mm ___13 mm
 ___15 mm ___15 mm ___15 mm

TISSUE SURFACE DESIGN


 Convex*


 Modified Convex


 Concave

Cover exposed implant Provide floss space

***Standard unless specified otherwise.**

BruxZir Solid Zirconia Full-Arch Implant Prosthesis[†]
 (7-year warranty)
 (Precision-milled solid zirconia with tooth and gingival tissue shade.
 NOTE: Includes PMMA implant provisional; a duplicate PPMA provisional
 can be purchased for an extra fee.)

PMMA Implant Provisional
 (Precision-milled PMMA provisional with tooth and gingival tissue shade.)

Inclusive Screw-Retained Hybrid Denture[†] (Premium teeth standard)
 Bite splint (Additional fee applies)

Inclusive Locator Bar Overdenture[†] (Premium teeth standard)

Inclusive Locator Overdenture[†] (Kenson teeth standard)

Inclusive Mini Implant Overdenture (Kenson teeth standard)

Denture fully edentulous (Kenson teeth standard)

Duplicate denture

TOOTH SETUP

Ideal Characterized Copy study model
 Copy existing denture Add lip support

TISSUE SHADE

G0 (Light) G1 (Standard) G3 (Med) G4 (Dk)

Upper Lower
 Tooth Shade _____
 Implant System _____
 Implant Diameter _____mm

Bite block
 Diagnostic setup
 Setup try-in
 Implant verification jig

Custom tray
 Reset
 Provisional prosthesis
 Final BruxZir prosthesis

(see reverse for compatible implant systems and limited warranty details)

Signature _____
 License # _____

[†]Price does not include multi-unit abutments and may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system. Half of payment is due after first appointment; half is due at final delivery.

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.



All Restorations
Made in California

TERMS: All accounts are payable within 30 days of statement date. Statement date is the 25th day of each month or the last working day before the 25th. **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 delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of California. The lab does not guarantee the performance of independent carriers.

LOCATOR® IMPLANT OVERDENTURES ARE AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain® External Hex (4.1 mm)	CAMLOG® SCREW-LINE	DENTSPLY Implants ASTRA TECH Implant System®	Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System
Keystone Dental PrimaConnex®	Neoss® Neoss® Implant System	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	
	Straumann® Bone Level Tissue Level	Zimmer Dental Screw-Vent®	

THE BRUXZIR® FULL-ARCH IMPLANT PROSTHESIS IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain®	CAMLOG® SCREW-LINE	DENTSPLY Implants ANKYLOS® C/X ASTRA TECH Implant System®	Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System
HIOSEN® HG System	MegaGen AnyRidge® Implant System	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	
Straumann® Bone Level Tissue Level	Sweden & Martina Premium Shelta	Zimmer Dental Screw-Vent®	

Inclusive is a registered trademark of Primatek Dentalcraft, Inc. Hahn Tapered Implant is a trademark of Primatek Dentalcraft, Inc. All other trademarks are property of their respective owners. For Inclusive Locator Implant Overdentures, prices vary for BIOMET 3i External Hex (4.1 mm), CAMLOG, Keystone Dental, Neoss and Straumann. For the BruxZir Full-Arch Implant Prosthesis, prices vary for Sweden & Martina. See fee schedule for working times.