



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

Special Bite Splints Rx Offer*

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule shipping pickup, call us at 800-321-9943.
- Please allow five working days in lab.
- You'll save \$20 on one bite splint with this Rx.

OFFER EXPIRES JAN. 31, 2022

*Price does not include round-trip shipping or applicable taxes. Limit one specially priced Rx per case. Web offer can only be used a maximum of four times per account. Special pricing not valid with any other offer.

Dr. Name _____

Acct. # _____ Phone # _____

Email _____

Address _____
City/State/ZIP

Patient ID/Name _____
First Last

Male Female Age _____ Deliver by 5 p.m. on _____

Enclosed with case: Impressions Models Bite
 Other _____

BITE SPLINTS

Upper Lower

Clear Comfort H/S Bite Splint
(hard, with soft reline)

Colored Comfort H/S Bite Splint
(hard, with soft reline)

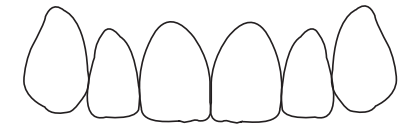
Color Options: Blue Pink

CLEARsplint *(self-adjusting, hard)*

RESTORATIONS

- BruxZir Full-Strength (1,150 MPa)**
- NEW!** BruxZir Esthetic (870 MPa)
 (stump shade recommended for restorations less than 1.5 mm thick)
- IPS e.max
- Obsidian Fused to Non-Precious
- Obsidian Fused to White Noble
- Obsidian Fused to White High Noble

SHADE INSTRUCTIONS



Tooth No. _____

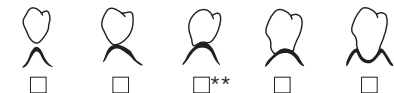
Stump Shade _____

Final Shade _____

OCCUSAL STAINING

None Light** Medium Dark

PONTIC DESIGN



WEB Rx

\$20 off Bite Splint



Signature _____ License # _____ Date _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

TERMS AND WARRANTY INFORMATION



All Restorations Made in the U.S.A.

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: Special offer is only for new accounts. Cost of collection of any account will be paid by the customer. 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.

NO-FAULT REMAKE POLICY: Riverside Dental Ceramics is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit riversidelab.com/policies-and-warranty.



• **BruxZir® Restorations**



• **All-Ceramic Restorations**
• **PFM Restorations**

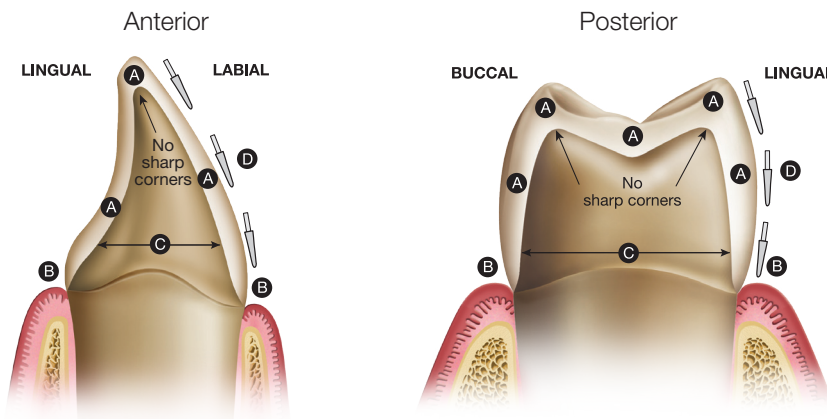


• **Bite Splints**

All rush cases must be prescheduled by calling our Customer Service department before the case is shipped.
Time of pickup and delivery may affect turnaround time.

To schedule your rush case, call 800-321-9943.

PREPARATION GUIDELINES



BruxZir Esthetic

- A. 1.25 mm ideal reduction (0.7 mm minimum)
- B. Chamfer or modified shoulder margins preferred
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

BruxZir Full-Strength

- A. 1.0 mm ideal reduction (0.5 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins