

Dr. Name _____ Acct. # _____
 Phone # _____ Email _____
 Address _____
 City/State/Zip _____
 Patient ID/Name _____ Male Female Age ____ Deliver by 5 p.m. on _____
First Last

WEB Rx

IMPLANT INFORMATION

Tooth #	Diameter	Implant System
_____	_____ mm	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upper Lower

Tooth Shade _____

STAGE OF SERVICE NEEDED:

- Wax rim
- Implant verification jig (IVJ)
- Wax setup
- Reset
- Provisional implant prosthesis
- Final BruxZir prosthesis (see reverse for compatible implant systems and limited warranty details)

- Kenson Teeth (Included at no extra charge)
Mould _____
- Premium Brand Teeth (Extra charge applies)
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

PROSTHETIC STENT

- Tooth # _____
- Fully edentulous
 - Acrylic Vacuum formed
 - Pilot Holes: Yes No Dia: _____ mm
 - Radiographic Markers: Gutta percha Barium (20%)

- BruxZir Implant Prosthesis**[†]
(Lifetime warranty)
(Precision-milled solid zirconia with tooth and gingival tissue shade.
NOTE: Includes provisional implant prosthesis; a duplicate provisional can be purchased for an extra fee.)
- Provisional Implant Prosthesis**
(Provisional with tooth and gingival tissue shade.)
- Screw-Retained Hybrid Denture**[†] (Premium teeth standard)
 Bite splint (Additional fee applies)
- Locator Bar Overdenture**[†] (Premium teeth standard)
- Locator Overdenture**[†] (Kenson teeth standard)
- 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


GINGIVAL SHADE

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

TISSUE SURFACE DESIGN

- 

 Convex (standard)


 lingual

 Modified convex
- Cover exposed implant Provide floss space

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

License # _____ Date _____

[†]Half of payment is due after first appointment; half is due at final delivery. [†]Price may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system.

FLAT-RATE PRICE ON THE BRUXZIR® IMPLANT PROSTHESIS IS AVAILABLE FOR 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

HIOSSEN®
HG System

MegaGen
AnyRidge® Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level

Zimmer Dental
Screw-Vent®

Restorations for the implant systems above are fabricated using components manufactured by Prismatic Dentalcraft, Inc. Prices may vary for other implant systems due to the need for original equipment manufacturer (OEM) components.

FLAT-RATE PRICE ON CAD/CAM MILLED IMPLANT BARS IS AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

DENTSPLY Implants
ASTRA TECH
Implant System®

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level

Zimmer Dental
Screw-Vent®

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FLAT-RATE PRICE ON THE LOCATOR® IMPLANT OVERDENTURE IS AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

DENTSPLY Implants
ASTRA TECH Implant System®
ASTRA TECH Implant System® EV

Glidewell Direct
Hahn™ Tapered Implant System
Inclusive® Tapered Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Zimmer Dental
Screw-Vent®

Restorations for the implant systems above are fabricated using Locator components as well as components manufactured by Prismatic Dentalcraft, Inc. Prices may vary for other implant systems due to the need for original equipment manufacturer (OEM) components. Inclusive is a registered trademark of Prismatic Dentalcraft, Inc. Hahn Tapered Implant is a trademark of Prismatic Dentalcraft, Inc. All other trademarks are property of their respective owners.

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: Special offer is only for new accounts. 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.

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.**



• BruxZir®
Restorations



• Custom
Abutments



All Restorations Made in the USA