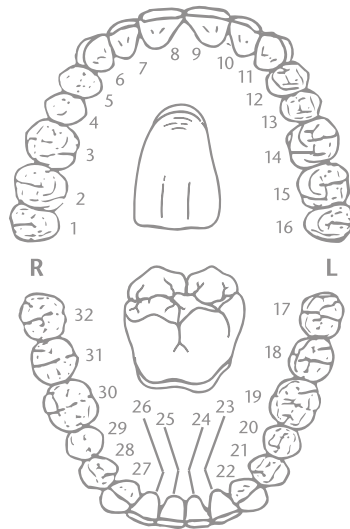


Dr. Name _____ Phone # _____
 Account # _____ Patient Name/ID _____
First Last
 Address _____ Email _____
 Enclosed with Case: Impressions Models Bite Photos Other: _____ **Deliver by 5 p.m. on** _____

Rx



Signature _____

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

License # _____ Date _____

VIVANEER VENEER

- IPS e.max veneer
- NEW!** BruxZir Esthetic veneer
- Layered IPS e.max veneer

FULL-CAST RESTORATIONS

- Noble-Cast 45 YN* (40% Au) Non-precious
- Noble-Cast 60 YHN (57.5% Au) Semi-precious
- White Cast (70.9% Pd) WHN (40% Au)
- Post & core

NIGHTGUARDS/BITE SPLINTS MOUTHGUARDS

- Upper Lower
- NEW!** Comfort3D (3D-printed, hard)
- Comfort H/S Bite Splint* (hard with soft reline)
- Soft Nightguard Bleaching Tray
- PlaySafe Mouthguards
 - Jr Lt Lt Pro Med Hvy Hvy Pro
 - Helmet strap (available in red or black)
 - Name _____ (specify colors on Rx)

SNORING/SLEEP APNEA APPLIANCES

- Buy 1 Buy 2 and save Scan/Save File
- Silent Nite* Oasys Hinge Appliance
- EMA dreamTAP TAP 3 TL TAP

PROVISIONAL RESTORATIONS

- Transition C&B**
Abutment #(s) _____
Pontic #(s) _____ Total units _____
- Splinted units* Individual units
- BioTemps Provisionals**
Reinforcement: None Wire* Fiber
- BioTemps with Cast-Metal Substructure**
Amount of prep reduction:
 1 mm* 2 mm
- Perio treatment: Prepare tooth below gingival on tooth #(s) _____ by _____ mm
- Pontic site healing: Prepare ovate socket on tooth #(s) _____ by _____ mm

***Standard unless otherwise specified**

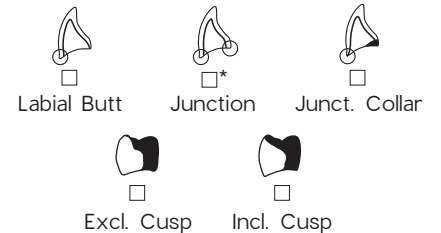
COMPOSITE RESTORATIONS

- Composite with fiber reinforcement

PONTIC DESIGN



MARGIN AND METAL DESIGN



DENTURES/FLIPPERS/FLEXIBLE PARTIALS

- | Denture | Partial | Select Phase |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Handcrafted | <input type="checkbox"/> Flipper | <input type="checkbox"/> Custom tray |
| <input type="checkbox"/> Digital (3D-printed) | <input type="checkbox"/> Valplast | <input type="checkbox"/> Bite rim |
| <input type="checkbox"/> Immediate | <input type="checkbox"/> tcs | <input type="checkbox"/> Setup try-in |
| <input type="checkbox"/> 3D-printed | <input type="checkbox"/> DuraFlex | <input type="checkbox"/> Finish |
| <input type="checkbox"/> Handcrafted | | |
| <input type="checkbox"/> Copy (3D-printed) | | |
| <input type="checkbox"/> Select Teeth Digital teeth shade _____ Mould _____ | | |
| <input type="checkbox"/> Kenson Teeth (Included for partials and handcrafted dentures) Shade _____ Mould _____ | | |
| <input type="checkbox"/> Premium Brand Teeth (Extra charge applies) (Included for partials and handcrafted dentures) Shade _____ Brand _____ Mould _____ | | |

IF NO OCCLUSAL CLEARANCE

- Call doctor Would you like this to be a permanent note?
- Spot opposing Yes No
- Metal occlusion Yes No

NOTE: Metal linguals at lab's discretion

SCREW-RETAINED RESTORATIONS

- Obsidian Fused to White Noble Metal (> 1,000 MPa) (w/ Ti-Base)
- Obsidian Fused to White High Noble (870 MPa) (w/ Ti-Base)
- BruxZir Full-Strength* (> 1,000 MPa) (w/ Ti-Base)
- NEW!** BruxZir Esthetic (870 MPa) (w/ Ti-Base)
- IPS e.max (w/ Ti-Base)

SELECT ABUTMENT TYPE

- Custom Implant Abutments**
- Titanium Abutment* Zirconia w/ Ti-Base
 - Prepare existing abutment
 - White noble abutment
- See reverse for implant systems supported

OBSIDIAN PFM

- Obsidian Fused to Non-Precious*
- Obsidian Fused to White Noble
- Obsidian Fused to White High Noble

STUMP SHADE

Must indicate prepped tooth shade for all-ceramics

OCCLUSAL STAINING

- None Light* Medium Dark

ALL-CERAMICS & ZIRCONIA

- BruxZir Full-Strength* (> 1,000 MPa)
- NEW!** BruxZir Esthetic (870 MPa) (stump shade recommended for restorations less than 1.5 mm thick)
- Bilayered Clinical Zirconia IPS e.max

FINAL SHADE



TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: 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**



• **Custom Abutments**



• **All-Ceramic Restorations**
• **PFM Restorations**
• **Full-Cast Restorations**



• **Mandibular Advancement Devices**
• **Transition Crowns and Bridges®**

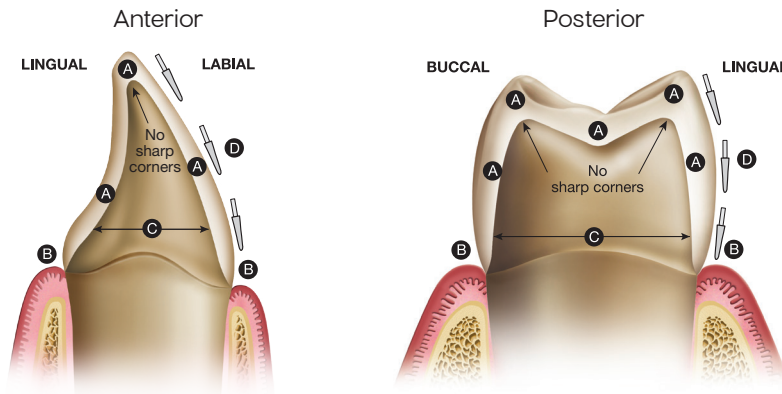


• **Nightguards**
• **Bite Splints**
• **Mouthguards**
• **BioTemp® Provisionals**

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

FLAT-RATE PRICE ON CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS 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®**

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