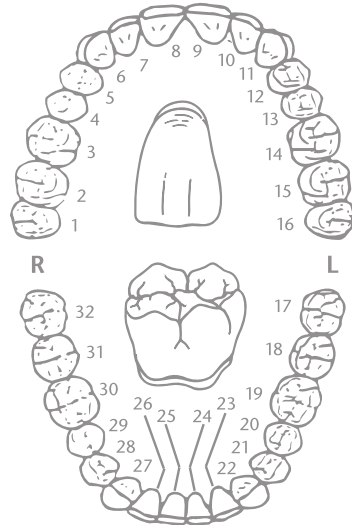


Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Account # \_\_\_\_\_ Patient Name/ID \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
First Last

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 \_\_\_\_\_

**SCREW-RETAINED RESTORATIONS**

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

**ALL-CERAMICS & ZIRCONIA**

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

**STUMP SHADE**

Must indicate prepped tooth shade for all-ceramics

**OCCUSAL STAINING**

- None
- Light\*
- Medium
- Dark



**FINAL SHADE**

**VIVANEER VENEER**

- IPS e.max veneer
- BruxZir Esthetic veneer
- Layered IPS e.max veneer

**FULL-CAST RESTORATIONS**

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

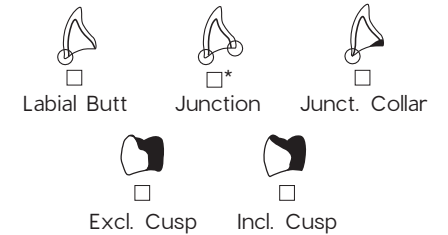
**COMPOSITE RESTORATIONS**

- 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"/> <b>NEW!</b> 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"/> <b>Select Teeth</b>                               |                                   |                                       |
| Digital teeth shade _____  | Mould _____                       |                                       |
| <input type="checkbox"/> <b>Kenson Teeth</b>                               |                                   |                                       |
| <i>(Included for partials and handcrafted dentures)</i>                    |                                   |                                       |
| Shade _____  | Mould _____                       |                                       |
| <input type="checkbox"/> <b>Premium Brand Teeth (Extra charge applies)</b> |                                   |                                       |
| <i>(Included for partials and handcrafted dentures)</i>                    |                                   |                                       |
| Shade _____  | Brand _____                       | Mould _____                           |

**IF NO OCCLUSAL CLEARANCE**

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

**NOTE: Metal linguals at lab's discretion**

## 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](http://riversidelab.com/policies-and-warranty).



• **BruxZir® Restorations**



• **Custom Abutments**



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



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

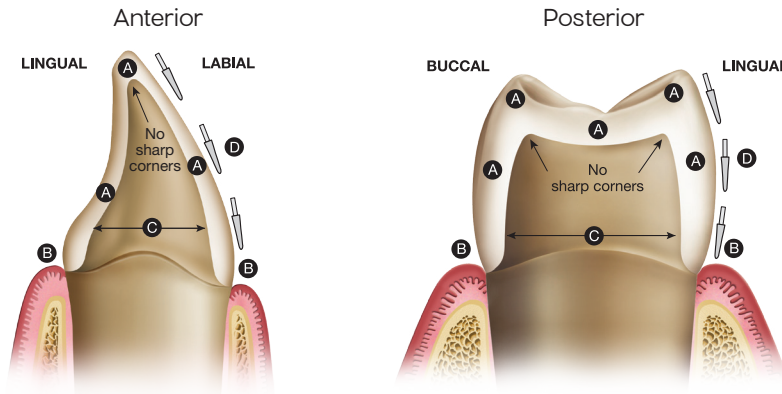


• **Nightguards**  
• **Bite Splints**  
• **Mouthguards**  
• **BioTemps® Provisionals**

**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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