



**New West
Dental Ceramics**

2033 Swanson Ave. • Lake Havasu City, AZ 86403

800-321-1614 • Fax 855-250-2830

newwestlab.com

Dr. Name _____ Phone # _____

Account # _____ Patient Name _____

(First)

(Last)

Address/Email _____ Deliver by 5 p.m. on _____

See Reverse For Working Times

Enclosed with case: Impressions Models Bite Photos Other: _____

BruxZir Solid Zirconia Full-Arch Implant Prosthesis* (Precision-milled solid zirconia with tooth and gingival tissue shade)

Full-Arch Provisional Implant Prosthesis (Precision-milled PMMA Provisional with tooth and gingival tissue shade)

Tooth Setup: Ideal Characterized Copy study model Copy existing denture Male Female Age _____

Tissue Shade: G1 (standard) **Tissue Shade Ethnic:** G3 (Med) G4 (Dk)

Rx

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)

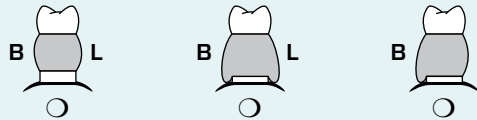


All restorations made in
Lake Havasu City, Arizona, USA

ACCESS HOLES ON FACIAL

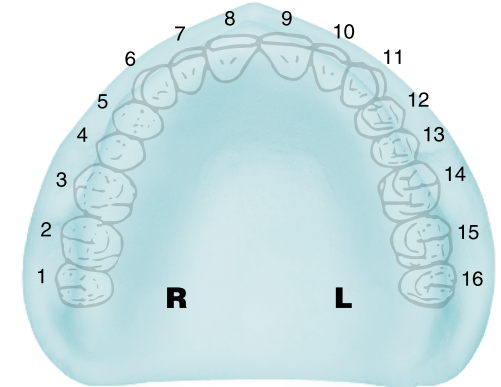
- Call doctor No call needed
- Provide angle correcting abutments (Extra charge applies)

TISSUE ADAPTATION DESIGN

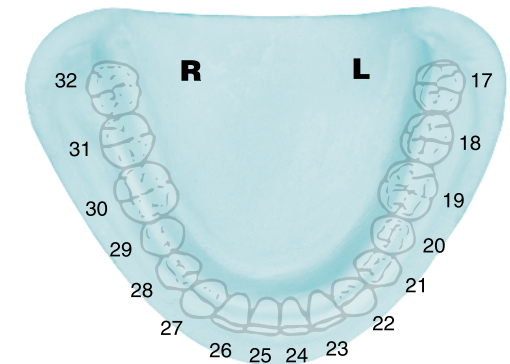


- Cover exposed implant
- Provide floss space

*** PLEASE COMPLETE THIS SECTION *
(A-P Spread is 1.5 x A.P) First molar occlusion**



Distance between anterior
and posterior implants: _____ mm
Upper AP spread x 1.5 mm: _____ mm



Distance between anterior
and posterior implants: _____ mm
Lower AP spread x 1.5 mm: _____ mm

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.

TERMS AND WARRANTY INFORMATION

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.
Only \$7 shipping per box EACH way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: 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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. New West 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] 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; [5] 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 Arizona. The lab does not guarantee the performance of independent carriers.

IMPLANT WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.

BruxZir Solid Zirconia Full-Arch Implant Prosthesis

Days in Lab

Bite Block	5
Wax setup try-in, implant verification jig and custom tray.....	13
Wax setup reset	6
Provisional implant prosthesis	8
BruxZir Full-Arch Implant Prosthesis	10

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	HIOSSSEN® 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®

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