



# Rx FIXED FULL-ARCH IMPLANT



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Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Acct. # \_\_\_\_\_ Patient Name \_\_\_\_\_

First Last

Address/Email \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: \_\_\_\_\_

## UNIZIR IMPLANT PROSTHESIS

☐ Complete service

☐ Copy mill service

(Requires master cast and final wax setup provided by clinician; prosthesis will be an exact copy of your wax setup)

☐ UniZir Implant Prosthesis (Full-Strength)\*

(Precision-milled solid zirconia with tooth and gingival tissue shade.  
NOTE: Complete service includes provisional try-in implant prosthesis; a duplicate provisional can be purchased for an extra fee.)

☐ UniZir Esthetic Implant Prosthesis\*

(Precision-milled esthetic solid zirconia with tooth and gingival tissue shade.  
NOTE: Complete service includes provisional try-in implant prosthesis; a duplicate provisional can be purchased for an extra fee.)

☐ Add Titanium Bar (Additional Fee Applies)

☐ Provisional Try-In Implant Prosthesis

(Provisional with tooth and gingival tissue shade)

☐ UniZir Partial-Arch Implant Prosthesis (5-7 units)\*

☐ UniZir Full-Strength

☐ UniZir Esthetic

## LOCATOR FIXED PROSTHESIS

☐ UniZir Full-Strength Zirconia

☐ UniZir Esthetic Zirconia

☐ PMMA [poly(methyl methacrylate)] ☐ Acrylic

**Tooth Setup:** ☐ Ideal ☐ Characterized

☐ Copy study model ☐ Copy existing denture

☐ Add lip support ☐ Male ☐ Female Age \_\_\_\_\_

☐ Comfort H/S Bite Splint (Additional fee applies)

## TISSUE SURFACE DESIGN



☐ Convex (standard)

☐ Modified convex

☐ Cover exposed implant

☐ Provide floss space



lingual

☐ Upper ☐ Lower

**Tooth Shade**

**Gingival Shade**

☐ G00 (Lightest)

☐ G0 (Light)

☐ G1 (Standard)

☐ G3 (Medium)

☐ G4 (Dark)

☐ G5 (Darkest)

**Stage of Service Needed:**

☐ Custom tray

☐ Wax rim

☐ Implant verification jig (IVJ)

☐ Wax setup

☐ Reset

☐ Provisional try-in implant prosthesis

☐ Final prosthesis

(see reverse for compatible implant systems and limited warranty details)



## Implant Information

Tooth #	Diameter / Platform	Implant System(if not Universal HT)
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____

Signature \_\_\_\_\_

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

License # \_\_\_\_\_ Date \_\_\_\_\_

## TERMS AND CONDITIONS

All Restorations Made in the USA



**TERMS:** Cost of collection of any account will be paid by the customer. All accounts are payable within 15 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 3 percent of the unpaid balance.** \$59 NSF fee will apply for returned checks. Prices subject to change without notice. Rx must be enclosed with original case submission.

**NO-FAULT REMAKE POLICY:** USD Lab 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 [www.USDentallab.net](http://www.USDentallab.net)

*All rush cases must be prescheduled by calling 747-268-0808 before the case is shipped. Time of pickup and delivery may affect turnaround time.*

## 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®  
ASTRA TECH IMPLANT SYSTEM® EV

Zimmer Dental  
Screw-Vent®

HIOSEN®  
HG System

MegaGen  
AnyRidge® Implant System

Nobel Biocare  
Brånemark System® RP  
NobelActive®  
NobelReplace®

Straumann®  
Bone Level  
Tissue Level

## LIMITED WARRANTIES



- Custom Abutments



- UniZir Restorations



- All-Ceramic Restorations
- PFM Restorations