



Rx FIXED RESTORATIVE

706 W. Broadway Blvd, #201,
Glendale, CA 91204

• 888-805-0808 • 747-268-0808

smilespecialist@usdentallab.net

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

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

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

FINAL SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE

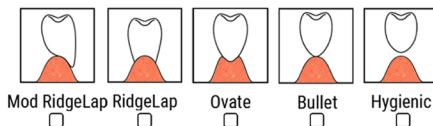


Indicate Shade Here

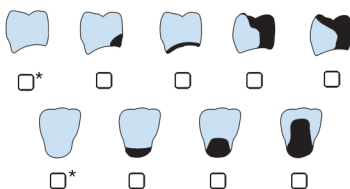
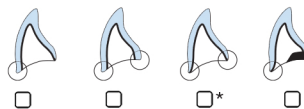
OCCCLUSAL STAINING

☐ None ☐ Light* ☐ Medium ☐ Dark

RESTORATION PONTIC DESIGN



MARGIN AND METAL DESIGN



IF NO OCCCLUSAL CLEARANCE

☐ Call doctor ☐ Metal occlusion

☐ Spot opposing

Would you like this to be a permanent
note in your master file? ☐ Yes ☐ No

Rx Indicate implant system _____
See reverse for Terms & Conditions

Indicate implant diameter _____ mm

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

License # _____ Date _____

ZIRCONIA RESTORATIONS

- ☐ UniZir Full-Strength* ☐ UniZir Esthetic (870 MPa)
(> 1000 MPa) (preparation shade recommended
for best results)
- ☐ Lava Crowns & Bridges

ALL-CERAMIC RESTORATIONS

- ☐ All-Ceramic ☐ IPS e.max
Indicate stump or present tooth shade for all-ceramics

PFM

- ☐ Oxidian to Non-Precious* ☐ Oxidian to White Noble
☐ Oxidian to White High Noble

COMPOSITE RESTORATIONS

- ☐ Composite ☐ Fiber Reinforcement

PROVISIONAL RESTORATIONS

- ☐ BioTemps Provisionals
Reinforcement: ☐ None ☐ Wire* ☐ Fiber
☐ Cast-Metal
- ☐ Transition C&B ☐ Smile Transitions
- Abutment #(s) _____ Total units _____
- Pontic #(s) _____
- ☐ Splinted* ☐ Cement-On Implant
☐ Individual Units ☐ Screw-Retained Implant

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

VENEER

- ☐ Feldspathic veneer ☐ UniZir Esthetic veneer
☐ IPS e.max veneer ☐ Layered IPS e.max veneer

IMPLANT ABUTMENTS

- CHOOSE MATERIAL** **CHOOSE BRAND**
- ☐ Titanium* ☐ Zirconia w/ Ti-Base
☐ Gold-Colored Titanium ☐ Gold Alloy

SCREW-RETAINED IMPLANT CROWNS

- ☐ UniZir Full-Strength ☐ UniZir Esthetic ☐ IPS e.max

Specify implant brand, system and diameter on Rx

TERMS AND CONDITIONS

All Restorations Made in the USA

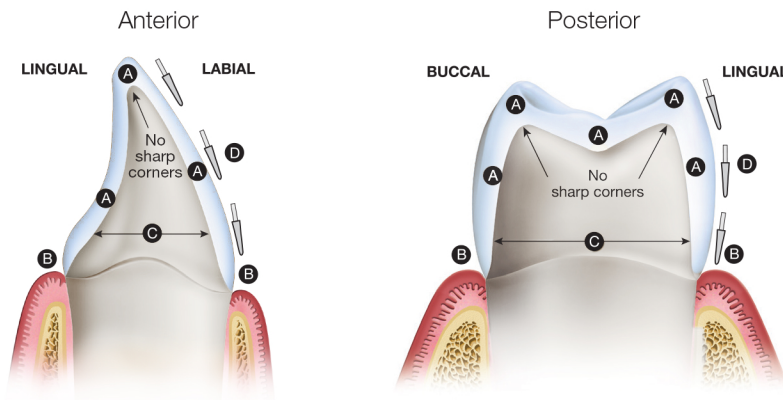


TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 15 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 3 percent of the unpaid balance.** \$59 NSF fee will apply for returned checks. 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

PREPARATION GUIDELINES



UniZir 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

UniZir 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

LIMITED WARRANTIES



- Custom Abutments



- UniZir Restorations



- All-Ceramic Restorations
- PFM Restorations

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®

HIOSSEN®
HG System

MegaGen
AnyRidge® Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level