



Rx UNIVERSAL

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

• 888-805-0808 • 747-268-0808

smilesspecialist@usdentallab.net

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____

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

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

PROVISIONAL RESTORATIONS

- ☐ BioTemps Provisionals
Reinforcement: ☐ None ☐ Wire* ☐ Fiber
☐ Cast-Metal
☐ Transition C&B ☐ Smile Transitions
Abutment #(s) _____
Pontic #(s) _____ Total units _____
☐ 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

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"/> Finish |
| <input type="checkbox"/> Handcrafted | | |
| <input type="checkbox"/> Copy (3D-printed) | | |
- Select Teeth**
Digital teeth shade _____ Mould _____
☐ **Premium Brand (Yamahachi)**
(Standard for partials and handcrafted dentures)
Shade _____ Mould _____
☐ **Other Premium Brand**
(extra charge for partials and handcrafted dentures)
Shade _____ Brand _____ Mould _____

SIMPLY NATURAL METAL PARTIALS

Metal frame with acrylic and Yamahachi teeth

- | Frame Material | Phase |
|--|---|
| <input type="checkbox"/> SLM-printed cobalt chrome frame | <input type="checkbox"/> Metal frame try-in |
| Esthetic Clasp Material
(extra charge applies) | <input type="checkbox"/> Printed frame try-in |
| <input type="checkbox"/> Valplast | <input type="checkbox"/> Frame w/occlus. rim |
| <input type="checkbox"/> cobalt chrome frame | <input type="checkbox"/> Frame w/setup try-in |
| <input type="checkbox"/> tcs | <input type="checkbox"/> Finish |
| <input type="checkbox"/> cobalt chrome frame | <input type="checkbox"/> Scan/Save File
(extra charge applies) |
| <input type="checkbox"/> Lab select complete design | |

SNORING/SLEEP APNEA APPLIANCES

- ☐ Scan/Save File
☐ Silent Nite 3D (digital impressions only) ☐ Silent Nite*
☐ Silent Nite with Universal Hinge ☐ Hinge Appliance
☐ EMA ☐ flexTAP ☐ TAP 3 TL

ZIRCONIA/ALL-CERAMIC RESTORATIONS

- ☐ UniZir Full-Strength (> 1,000 MPa) ☐ IPS e.max
☐ UniZir Esthetic (870 MPa) ☐ Lava Crowns & Bridges
☐ Oxidian All-Ceramic ☐ Zirconia

VENEERS

- ☐ Oxidian veneer* ☐ UniZir Esthetic veneer
☐ IPS e.max veneer ☐ Layered IPS e.max veneer

PFM

- ☐ Oxidian to Non-Precious*
☐ Oxidian to White Noble
☐ Oxidian to White High Noble
☐ Porcelain fused to OcclusalGold YHN

SCREW-RETAINED RESTORATIONS

- ☐ UniZir Full-Strength ☐ Oxidian to White Noble
(w/ Ti-Base) ☐ Oxidian to White High Noble
☐ UniZir Esthetic ☐ Bilayered Clinical Zirconia
(w/ Ti-Base) (w/ Ti-Base)
☐ IPS e.max (w/ Ti-Base)

CUSTOM ABUTMENTS

- ☐ Titanium* ☐ Zirconia w/ Ti-Base
☐ Gold-Tone Titanium ☐ BIOMET 3i Encode
☐ Gold Alloy ☐ Prepare existing abutment

COMPOSITE RESTORATIONS

- ☐ Composite ☐ Fiber Reinforcement

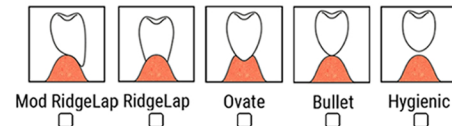
FULL-CAST RESTORATIONS

- ☐ Noble-Cast 45 YN (40% Au) ☐ White Noble
☐ Noble-Cast 60 YHN (57.5% Au)* ☐ Post & Core
☐ Non-Precious
☐ White High Noble (40% Au)

NIGHTGUARDS/RETAINERS/ MIGRAINE PREVENTION

- ☐ Upper ☐ Lower ☐ Scan/Save File
☐ Comfort3D (3D-printed, hard) ☐ Comfort H/S* (clear, hard with soft reline)
☐ CLEARsplint (self-adjusting, hard) ☐ Soft nightguard
☐ Essix Retainer (1 tooth)
☐ Clear ortho ☐ Hawley

PONTIC DESIGN

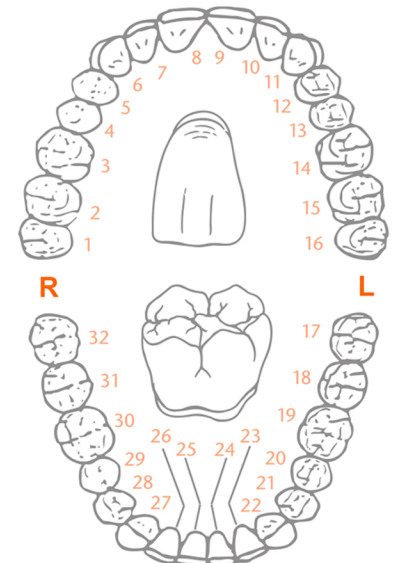


FINAL SHADE	STUMP SHADE	OCCUSAL STAINING
	Must indicate prepped tooth shade for all-ceramics	<input type="checkbox"/> None <input type="checkbox"/> Light* <input type="checkbox"/> Medium <input type="checkbox"/> Dark
MARGIN AND METAL DESIGN		
Labial Butt	Junction	Junct. Collar
		Excl. Cusp
		Incl. Cusp
IF NO OCCUSAL CLEARANCE		
<input type="checkbox"/> Call doctor	<input type="checkbox"/> Spot opposing	<input type="checkbox"/> Metal occlusion <input type="checkbox"/> Metal island <input type="checkbox"/> Make this a permanent note

Rx Indicate implant system _____
(See reverse for Terms & Conditions)

Indicate implant diameter _____ mm

☐ Please order all implant components for this case



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

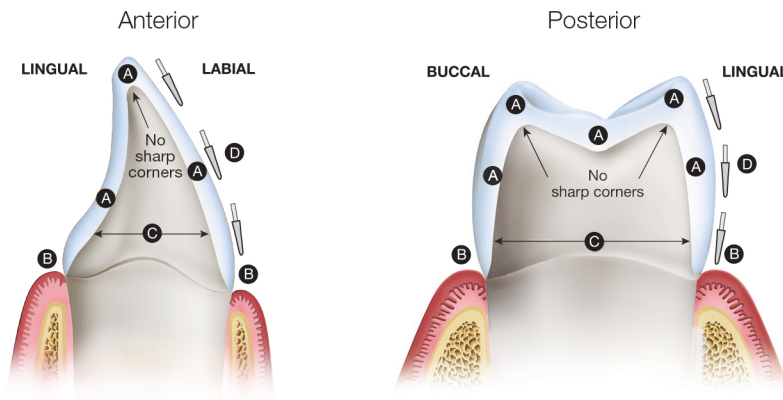


TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 15 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 3 percent of the unpaid balance.** \$59 NSF fee will apply for returned checks.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

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