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Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

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

BruxZir Implant Prosthesis*

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

Provisional Implant Prosthesis

- Provisional with tooth and gingival tissue shade.

- Tooth Setup:** Ideal Characterized
 Copy study model Copy existing denture
 Add lip support
 Male Female Age: _____
Tissue Shade: G0 (Light) G1 (Standard)
 G3 (Med) G4 (Dk)

TISSUE SURFACE DESIGN



Convex (standard)



Modified convex

Cover exposed implant Provide floss space

**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. Half of payment is due after first appointment; half is due at final delivery.*



IMPLANT INFORMATION

Tooth #	Diameter	Implant System
_____	_____ mm	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upper Lower

Tooth Shade _____

Gingival Shade _____

STAGE OF SERVICE NEEDED:

- Wax rim
- Implant verification jig (IVJ)
- Wax setup
- Reset
- Provisional implant prosthesis
- Final BruxZir prosthesis
 (see reverse for compatible implant systems and limited warranty details)

Signature _____

License # _____ Date _____

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

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

All rush cases must be prescheduled by calling **800-395-8205** before the case is shipped. Time of pickup and delivery may affect turnaround time.

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: Smith-Sterling Dental Laboratories 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.



• BruxZir®
Restorations



LIMITED WARRANTY/LIMITATION OF LIABILITY: For warranty terms and conditions and limitation of liability, visit smithsterling.com/pura-vida-warranty.



DENTISTS: There is no charge for one inbound and one outbound shipment per case. Additional shipments for die trims, bisque bake, coping or framework try-ins, reshades to a new shade, and oversized articulators will incur additional fees.

FLAT-RATE PRICE ON THE BRUXZIR® IMPLANT PROSTHESIS 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®

Restorations for the implant systems above are fabricated using components manufactured by Prismatic Dentalcraft, Inc. Prices may vary for other implant systems due to the need for original equipment manufacturer (OEM) components. Inclusive is a registered trademark of Prismatic Dentalcraft, Inc. Hahn Tapered Implant is a trademark of Prismatic Dentalcraft, Inc. All other trademarks are property of their respective owners.