

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

Acct. # \_\_\_\_\_ Patient ID/Name \_\_\_\_\_

First Last

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



Tooth No. \_\_\_\_\_  
 Stump Shade \_\_\_\_\_  
 Final Shade \_\_\_\_\_

**PONTIC DESIGN**



**ANTERIOR METAL DESIGN**



**POSTERIOR METAL DESIGN**

-  Full ceramic coverage
-  Ceramic with lingual metal collar\*
-  360° metal hairline or \_\_\_\_\_mm
-  Metal occlusal excluding buccal cusp
-  Metal occlusal including buccal cusp

**INSTRUCTION FOR BUCCAL MARGIN**

- Metal-ceramic junction margin\*
- Ceramic butt margin

**OCCUSAL STAINING**

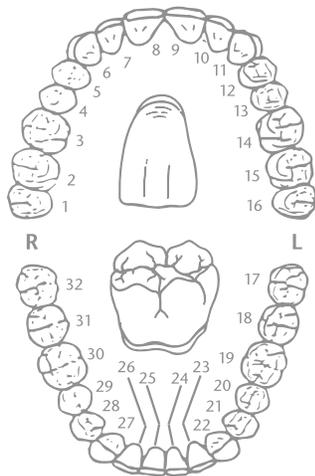
- None  Light\*  Medium  Dark

**SCREW-RETAINED RESTORATIONS**

- BruxZir Full-Strength\* (w/ Ti-Base)
- IPS e.max (w/ Ti-Base)
- BruxZir Esthetic (w/ Ti-Base)
- Obsidian Fused to White Noble
- Obsidian Fused to White High Noble

Enclosed with case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_ Try-In:  Yes  No

**Rx SPECIFIC INSTRUCTIONS** *NOTE: Please send a study model on all work involving anterior teeth.*



Implant System \_\_\_\_\_  
 (if applicable)

Diameter \_\_\_\_\_  
 (if applicable)

**IF NO OCCLUSAL CLEARANCE**

- Call doctor  Spot opposing
- Metal occlusion  Metal island
- Make this a permanent note in my master file

Place Shipping Airbill Tracking Sticker Here

Signature \_\_\_\_\_

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

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

**CERAMIC TO METAL**

- Obsidian Fused to Non-Precious\*
- Obsidian Fused to White Noble
- Obsidian Fused to White High Noble
- Yellow High Noble (76.6% Au)

**VENEERS**

- IPS e.max veneer\*
- Layered IPS e.max veneer
- BruxZir Esthetic veneer

**FULL-CAST METAL**

- Non-Precious
- Yellow Noble (41% Au)
- Yellow High Noble\* (57.5% Au)

**CUSTOM ABUTMENTS**

- Titanium
- Zirconia w/ Ti-Base
- Prepare existing abutment

**ALL-CERAMIC/COMPOSITE**

- BruxZir Full-Strength\* (> 1000 MPa)
- BruxZir Esthetic (870 MPa) (stump shade recommended for restorations less than 1.5 mm thick)
- IPS e.max
- Bilayered CZ
- Generic Zirconia
- Composite
- Maryland Bridge

**PLAYSAFE MOUTHGUARDS**

- Specify color(s) on Rx
- Upper\*  Lower
  - Light Pro  Medium\*
  - Heavy

**TEMPORARIES**

- Hi-Tech Temps\*
- Hi-Tech Temps with metal
- Diagnostic Wax-Up

**BITE SPLINTS**

- Upper\*  Lower
- NEW!** Comfort3D (3D-printed, hard)
- Comfort H/S (hard, with soft reline)
- CLEARsplint or day guard (self-adjusting, hard)

## 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



• Custom Abutments



• All-Ceramic Restorations  
• PFM Restorations  
• Full-Cast Restorations



• Nightguards  
• Bite Splints  
• Mouthguards

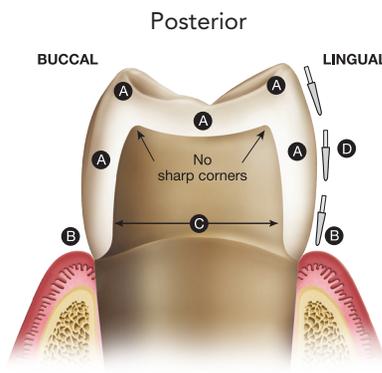
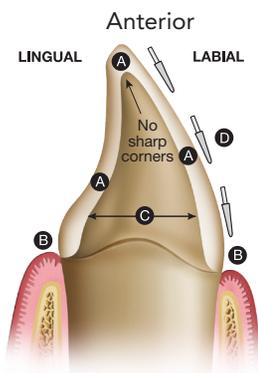


**LIMITED WARRANTY/LIMITATION OF LIABILITY:** For warranty terms and conditions and limitation of liability, *visit [smithsterling.com/pura-vida-warranty](http://smithsterling.com/pura-vida-warranty).*



**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.

### PREPARATION GUIDELINES



#### BruxZir 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

#### BruxZir 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

### 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

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  
Tissue Level

Zimmer Dental  
Screw-Vent®

Restorations for the implant systems above are fabricated using components manufactured by PrismaTek 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 PrismaTek Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaTek Dentalcraft, Inc. All other trademarks are property of their respective owners.