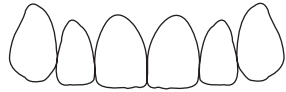


Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

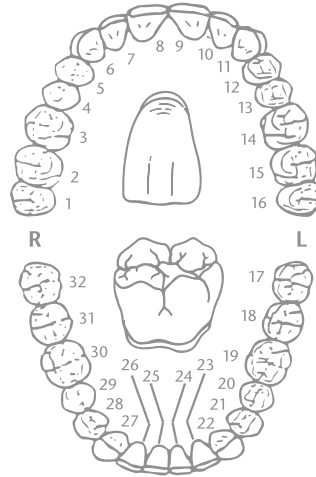
**OCCUSAL STAINING**

- ☐ 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

**WEB <sub>RX</sub> 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

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

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

**CERAMIC TO METAL**

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

**VENEER**

- ☐ 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

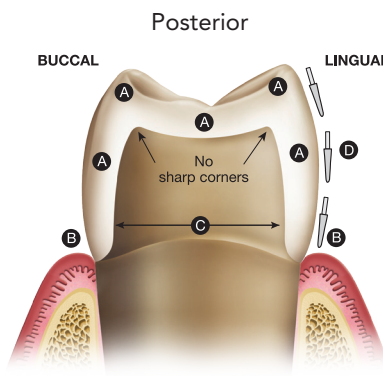
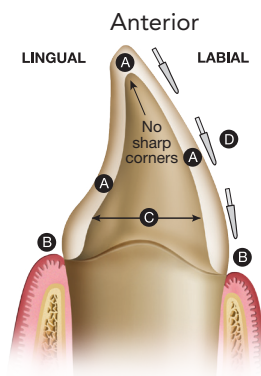


**LIMITED WARRANTY/LIMITATION OF LIABILITY:** For warranty terms and conditions and limitation of liability, visit [smithsterling.com/pura-vida-warranty](http://smithsterling.com/pura-vida-warranty).



**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

- 1.25 mm ideal reduction (0.7 mm minimum)
- Chamfer or modified shoulder margins preferred
- Axial walls must be convergent (avoid undercuts)
- Preparation should be cut in three planes
- To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

### BruxZir Full-Strength

- 1.0 mm ideal reduction (0.5 mm minimum)
- Chamfer or shoulder margins preferred. Feather-edge OK
- Axial walls must be convergent (avoid undercuts)
- Preparation should be cut in three planes
- 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

HIOSSSEN®  
HG System

MegaGen  
AnyRidge® Implant System

Nobel Biocare  
Brånemark System® RP  
NobelActive®  
NobelReplace®

Straumann®  
Bone Level  
Tissue Level

Zimmer Dental  
Screw-Vent®

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