

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

Address/Email _____ Deliver by 5 p.m. on See Reverse for Working Times

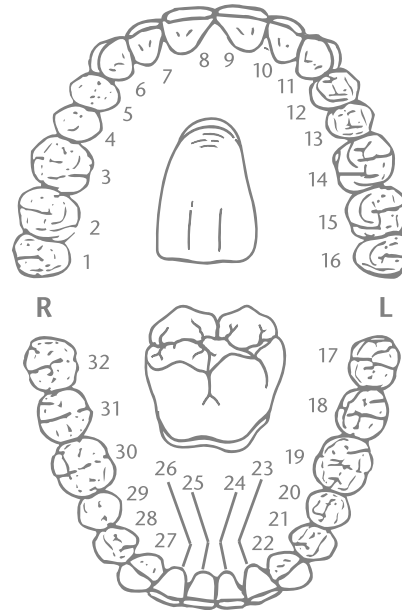
Enclosed with case: Impressions Models Bite Photos Other: _____



SPECIFIC INSTRUCTIONS

For best results, enclose study models for anterior cases, and provide full-arch models for all bridges.

- Follow enclosed study model for contours
- Metal try-in



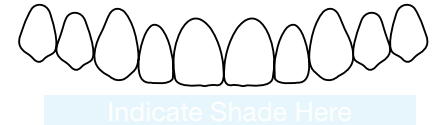
**Standard unless otherwise specified*



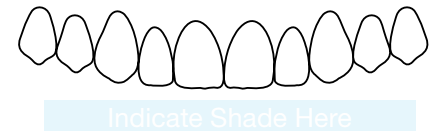
All Restorations
Made in California

Signature _____ License # _____
(see reverse for limited warranty details)

FINAL CERAMIC SHADE



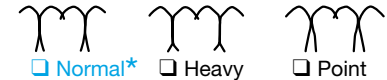
PRESENT TOOTH OR STUMP SHADE



OCCUSAL STAINING

- None Light* Medium Dark

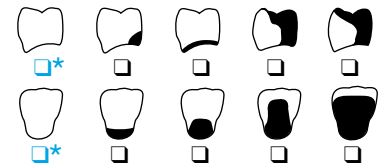
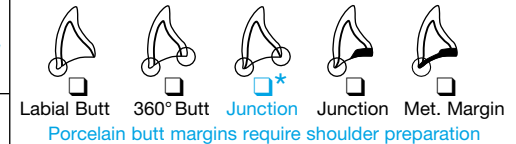
CONTACTS



PONTIC DESIGN



MARGIN/METAL DESIGN



IF NO OCCUSAL CLEARANCE

- Call doctor
 - Spot opposing
 - Metal occlusion
- Would you like this to be a permanent note?
Yes No

NOTE: Metal linguals at lab's discretion

PORCELAIN FUSED TO METAL

- Non-Precious* Captek YHN
- Semi-Precious OcclusalGold YHN
- White High Noble

ZIRCONIA-BASED RESTORATIONS

- BruxZir Solid Zirconia*
- BruxZir Anterior (stump shade recommended for restorations less than 1 mm thick)
- PrismaTik CZ Lava

METAL-FREE RESTORATIONS

- ThinPress No-Prep Veneers IPS e.max*
- IPS Empress Camouflage Composite
- with Fiber Reinforcement

FULL-CAST RESTORATIONS

- Noble-Cast 45* YN (40%Au) Non-Precious
- Noble-Cast 60 YHN (52%Au) Semi-Precious
- Noble-Cast 67 YHN (64%Au) WHN (48%Au)
- OcclusalGold YHN (73.1%Au) Post & Core
- JRVT YHN (77%Au)

NIGHTGUARDS/BITE SPLINTS

- Upper Lower
- Comfort H/S Bite Splint (hard/soft)* Soft EVA
- Comfort Bite Splint (hard) Processed Acrylic (clear)

PROVISIONALS

- BioTemps Transition C&B
- Abutment #(s) _____
- Pontic #(s) _____ Total units _____
- Splinted Units* Individual units
- Reinforcement: None Wire* Fiber Metal
- Amount of prep reduction: 1 mm* 2 mm
- Perio treatment: Prepare tooth below gingiva on tooth #(s) _____ by _____ mm
- Pontic site healing: Prepare ovate socket on tooth #(s) _____ by _____ mm

RIVERSIDE IN-LAB WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. Rush service available, but must be prescheduled.

IN-LAB WORKING TIMES

PFM restorations	5 days
PFM w/attachment or implant	7 days
Full-cast restorations	4 days
All-ceramic/BruXZir Solid Zirconia	4 days
Composite	6 days
Prismatik Clinical Zirconia	8 days
Custom Implant Abutments	8 days
Lava	11 days
BioTemps Provisionals	5 days
with cast-metal substructure.....	6 days

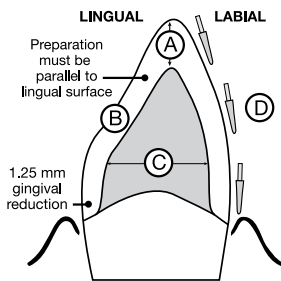
Transition Crowns & Bridges	5 days
Nightguards/Bite splints	5 days
Custom tray/Bleaching tray	5 days

All rush cases must be prescheduled by calling our Customer Service department before the case is shipped. Time of pickup and delivery may affect turnaround time.

**To schedule your rush case, call
800-321-9943.**

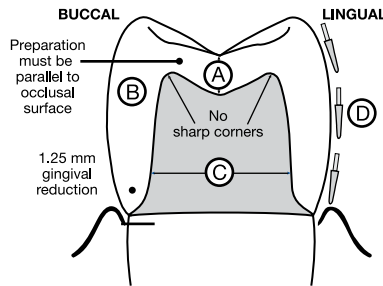
PREPARATION GUIDELINES

PFM ANTERIOR



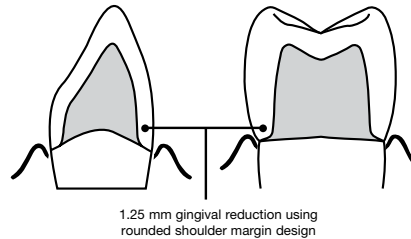
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM POSTERIOR



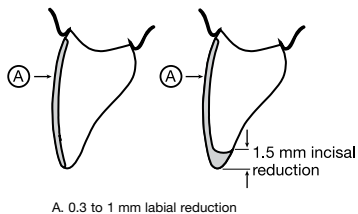
- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM-PORCELAIN LABIAL OR 360° MARGIN



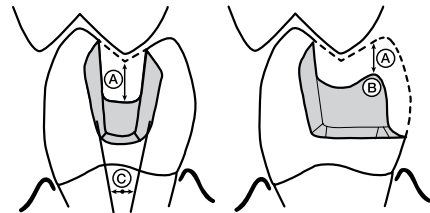
ALL-CERAMIC/COMPOSITE CROWNS

ALL-CERAMIC/COMPOSITE VENEERS

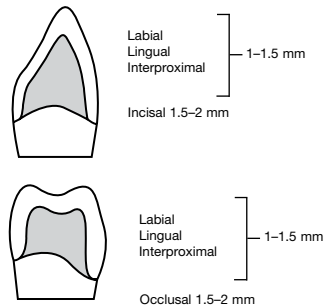


INLAY

ONLAY



- A. 1.5 to 2 mm occlusal reduction
- B. Round all sharp line angles and occlusal edges, and eliminate undercuts.
- C. Proximal and occlusal walls should have 6-8 degrees taper.



TERMS AND WARRANTY INFORMATION

Only \$7 shipping per box EACH way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

We honor VISA, MASTERCARD, AMEX and DISCOVER.

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Riverside Dental Ceramics ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and **MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (4) Transition Crowns and Bridges® up to two years; (5) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (6) all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab **WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL,** regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of California. The lab does not guarantee the performance of independent carriers.

FOR LAB USE ONLY
TELEPHONE CALL RECORD

DR. _____ ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____