

FIXED RX

Doctor: _____

Street: _____

City/State/Zip: _____

REQUIRED INFORMATION

Phone Number: _____

Delivery Date: _____

Cases delivered by 5:00 p.m. on delivery date

Patient: _____

Pick Up Date: _____

Shade: _____

Stump Shade: _____

Dr. Signature: _____

License #: _____

Date: _____

TERMS: NET 30 DAYS. Past due amounts will be assessed a late charge of 1.5% per month. After 90 days, a credit card will be automatically processed.

ADVANTAGE - \$

Non-layered Monolithic

- BruX Advantage** – 1200 MPA Full Zirconia – Posterior Only, One Shade/Polished
- Zmaxx** - 1200 MPA Full Zirconia, Stained and/or Glazed

CLASSIC - \$\$

Layered to Match Standard Shade Guides

- Zenith Plus PFZ** - Porcelain-Fused-to-Zirconia
- e.max[®] Pressed** - 400 MPA Monolithic Post/ Layered Anterior
- PFM** - Porcelain-Fused-to-Metal
 - Base Noble High Noble

PREMIER - \$\$\$

Complex Layers and Coloring to Match Existing Teeth

- Zenith Plus PFZ** - Porcelain-Fused-to-Zirconia
- e.max Layered** - 400 MPA Pressed w/Porcelain
- PFM** - Porcelain-Fused-to-Metal
 - Noble High Noble

***Premier Units Include a Custom Shade Appointment**

CAST CROWNS

- Type IV Noble
- Type III High Noble

IMPLANT SYSTEM

- Cement Retained SR All-On-1 Bundle
- Screw Retained Angled Screw Options Custom Abutment

INSTRUCTIONS:

- PLEASE CALL ME ABOUT THIS CASE**

If there is insufficient occlusal space:

- Don't Relieve - Return for Re-prep**
- Call Me**
- Relieve Opposing Teeth & Mark**
- Relieve Die & Mark**
- Relieve Die w/Reduction Coping**