Rx FIXED FULL-ARCH IMPLANT

Universal Service Dental Lab

132 W Verdugo Ave,
Burbank, CA 91502
• 888-805-0808 • 747-268-0808
smilespecialist@usdentallab.net

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

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

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

UNIZIR IMPLANT PROSTHESIS

❍ **Complete service** ❍ **Copy mill service**
(Requires master cast and final wax setup provided by clinician; prosthesis will be an exact copy of your wax setup)

☐ **UniZir Implant Prosthesis (Full-Strength)***
(Precision-milled solid zirconia with tooth and gingival tissue shade.
NOTE: Complete service includes provisional try-in implant prosthesis; a duplicate provisional can be purchased for an extra fee.)

☐ **UniZir Esthetic Implant Prosthesis***
(Precision-milled esthetic solid zirconia with tooth and gingival tissue shade.
NOTE: Complete service includes provisional try-in implant prosthesis; a duplicate provisional can be purchased for an extra fee.)

☐ **Add Titanium Bar** *(Additional Fee Applies)*

☐ **Provisional Try-In Implant Prosthesis**
(Provisional with tooth and gingival tissue shade)

☐ **UniZir Partial-Arch Implant Prosthesis** *(5-7 units)**
☐ UniZir Full-Strength ☐ UniZir Esthetic

LOCATOR FIXED PROSTHESIS

☐ UniZir Full-Strength Zirconia
☐ UniZir Esthetic Zirconia
☐ PMMA [poly(methyl methacrylate)] ☐ Acrylic

Tooth Setup: ☐ Ideal ☐ Characterized
☐ Copy study model ☐ Copy existing denture
☐ Add lip support ☐ Male ☐ Female Age _____

☐ **Comfort H/S Bite Splint** *(Additional fee applies)*

TISSUE SURFACE DESIGN

☐ Convex (standard) ☐ Modified convex
☐ Cover exposed implant ☐ Provide floss space

☐ **Upper** ☐ **Lower**

Tooth Shade
_____

Gingival Shade
☐ G00 *(Lightest)*
☐ G0 *(Light)*
☐ G1 *(Standard)*
☐ G3 *(Medium)*
☐ G4 *(Dark)*
☐ G5 *(Darkest)*

Stage of Service Needed:
☐ *Custom tray*
☐ *Wax rim*
☐ *Implant verification jig (IVJ)*
☐ *Wax setup*
☐ *Reset*
☐ *Provisional try-in implant prosthesis*
☐ *Final prosthesis*
(see reverse for compatible implant systems and limited warranty details)

Rx Implant Information

Tooth #	Diameter / Platform	Implant System (if not Universal HT)
	mm	
	mm	
	mm	
	mm	
	mm	
	mm	

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

License # _____ Date _____

TERMS AND CONDITIONS

All Restorations Made in the USA

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 15 days of statement date. ***Accounts not paid within the stated terms will be subject to COD status and a late charge of 3 percent of the unpaid balance.*** $59 NSF fee will apply for returned checks. Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: USD Lab 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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit www.USdentallab.net

All rush cases must be prescheduled *by calling* ***747-268-0808*** *before the case is shipped. Time of pickup and delivery may affect turnaround time.*

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

Zimmer Dental
Screw-Vent®

HIOSSEN®
HG System

MegaGen
AnyRidge® Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level

LIMITED WARRANTIES

- Custom Abutments
- UniZir Restorations
- All-Ceramic Restorations
- PFM Restorations