

REQUIRED INFORMATION

Dr: _____

Account #: _____

Address: _____

City: _____ State: ____ Zip: _____

RX ORDER INFORMATION

Patient ID/Name: _____

Due Date: _____ Tooth #: _____

Final Shade: _____ Prep Shade: _____

ALL-CERAMIC RESTORATIONS

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> BruxZir Full-Strength (> 1,000 MPa)* | <input type="checkbox"/> Crown* |
| <input type="checkbox"/> BruxZir Esthetic (870 MPa) | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> IPS e.max (470 MPa) | <input type="checkbox"/> Veneer |
| <input type="checkbox"/> Bilayered Clinical Zirconia | <input type="checkbox"/> Onlay/Inlay |

Occlusal Clearance:

- Call doctor Spot opposing Reduce the prep

PONTIC DESIGN

-   *  

NIGHTGUARDS/RETAINERS

- Upper* Lower
- Comfort H/S* Comfort3D (3D-printed)
- CLEARsplint Other _____

OBSIDIAN PFM

- Non-Precious White Noble* White High Noble

FULL-CAST RESTORATIONS

- | | |
|---|--|
| <input type="checkbox"/> Noble-Cast 45 YN (40% Au) | <input type="checkbox"/> White Noble |
| <input type="checkbox"/> Noble-Cast 60 YHN (57.5% Au) | <input type="checkbox"/> White High Noble (40% Au) |
| <input type="checkbox"/> Non-Precious | <input type="checkbox"/> Post & Core (NP) |

Red (*) indicates the default value if none is specified.

Implant System _____ **Size** _____

SCREW-RETAINED RESTORATIONS

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

CUSTOM ABUTMENTS & CROWNS

- Titanium*
- Gold Titanium
- Gold Alloy
- Zirconia (w/ Ti-Base)
- BIOMET 3i Encode
- Prepare existing abutment

RESTORATION

- BruxZir Full-Strength*
- BruxZir Esthetic
- Other _____

DENTURES/FLEXIBLE PARTIALS

Denture

- Digital (3D-printed)*
- Copy (3D-printed)
- Handcrafted

Metal Partial SLM

- Metal w/ Acrylic*
- Metal w/ Flexible

Flexible Partial

- Valplast*
- tcs
- DuraFlex

Shade _____

Tooth Setup

- Ideal
- Characterized

Select Phase

- Custom tray Bite rim Wax try-in Frame Only Finish

Enclosed with Case: Impressions Models Bite Photos Other: _____

Rx

This is a Remake | Reason: _____

Doctor's signature required: _____ License #: _____ Date: _____

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

Your source for outstanding precision, consistency and value

- **Lifetime warranty** on BruxZir® Zirconia restorations
- **7-year warranty** on glass-ceramic, Obsidian® PFM, and full-cast restorations
- **6-month warranty** on thermoformed appliances and splints

Crown World Dental 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. Rx must be enclosed with original case submission.

For full warranty details, go to crownworld dental.com/warranty.

All rush cases must be prescheduled by calling **866-497-3699** before the case is shipped.

Time of pickup and delivery may affect turnaround time.

We accept all major credit cards.



• BruxZir Restorations



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



• Bite Splints



Signature Anterior Series

Choose the desired esthetic outcome for your patient

SQUARE-TAPERED



Exemplify boldness and youthfulness.

SOFT-SQUARED



Show energetic professionalism.

OVOID



Convey charm and softness.

TRAPEZOID



Demonstrate confidence.

SQUARED



Strike an athletic tone.

TRIANGLE-TAPERED



Exhibit mature experience.

Crown World is a full-service dental lab, but not all products are indicated on this Rx. Please refer to our website or contact our customer care center for full product information.