

Due Date by 5pm

Shade

Customer

Patient

Last

First

**IF NO OCCUSSAL CLEARANCE**

- ☐ REDUCE PREP  
☐ SPOT OPPOSING  
☐ **CALL THE LAB \***

*\*If blank, default values will be used*

**BITE**

- ☐ OUT OF OCCULSION  
☐ LIGHT  
☐ **MEDIUM \***  
☐ TIGHT

**CONTACT**

- ☐ LIGHT  
☐ **MEDIUM \***  
☐ TIGHT

**ZIRCONIA / ALL CERAMIC RESTORATIONS**

	Finish	Unfinish	STL File
FULL BRUXZIR Preshade (1250 MPa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruxzir Anterior Multi Layered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zirconia Coping Preshade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ABUTMENT EMERGENCE PROFILE**



☐  
Contour  
Tissue\*



☐  
Tissue  
Displacement



☐  
No Tissue  
Displacement

**ABUTMENT MARGIN DEPTH**

Facial

Lingual



Mesial

Distal

\*Default 0.5mm Subgingival All Around

\*If blank, default values will be used

**IMPLANTS**

	Finish	STL File
Titanium Abutment	<input type="checkbox"/>	<input type="checkbox"/>
Gold Shade Titanium Abutment	<input type="checkbox"/>	<input type="checkbox"/>
Zirconia Abutment with Ti-Base	<input type="checkbox"/>	
Full Bruxzir Screw Retained	<input type="checkbox"/>	
Anterior Bruxzir Screw Retained	<input type="checkbox"/>	
Full Bruxzir <b>Angled</b> Screw Retained	<input type="checkbox"/>	
Anterior Brux <b>Angled</b> Screw Retained	<input type="checkbox"/>	

*\*Anodizing (Gold Hue) Available*

*\*All Implant Restoration(s) Include Two Screws*

**IMPLANT TITANIUM BAR**

	Finish	STL File
Locator Bar	<input type="checkbox"/>	<input type="checkbox"/>
Screw Retained Hybrid Bar	<input type="checkbox"/>	<input type="checkbox"/>
Hader Bar	<input type="checkbox"/>	<input type="checkbox"/>
Dolder Bar	<input type="checkbox"/>	<input type="checkbox"/>

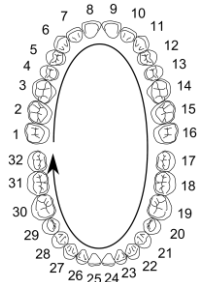
Indicate any other Bar Design :

**Design Confirmation:**

☐ Yes ☐ No

Rx Implant System \_\_\_\_\_ Implant Diameter \_\_\_\_\_ mm

**ALL RESTORATIONS  
MADE IN USA**



9181 Chelsea Cir, Westminster, CA 92683 | (714) 797-5559 – (714) 839-7711

**Received by:** \_\_\_\_\_

TERMS: Cost of collections 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 3 percent of the unpaid balance. Prices subject to change without notice. Rx must be enclosed with original case submission.