PREMIOtemp PMMA Blanks





High-End PMMA Blanks

MULTI

For highly aesthetic long term temporary restorations

Diameters: 98mm with 2 steps

95mm (ZZ-Shape) 71mm (AG-Shape)

Heights: 16mm, 20mm or 25mm (30mm on request)

Colors: A1 to D4, plus Bleach (BL1, BL2, BL3, BL4)

Pink (Gingiva) and Bicolor

Price:

\$99.00 (16mm & 20mm) **\$109.00** (25mm) **\$119.00** (30mm)



- Impressive aesthetics by 5 layers of color
- Multilayered with no separation between layers
- Natural fluorescence
- Also available in AG-Shape



Price:

Price:

High-End PMMA Blanks

MONO

Good aesthetics for regular short term provisionals

Diameters: 98mm with 2 steps

95mm (ZZ-Shape)

Heights: 16mm, 20mm or 25mm (30mm on request)

Colors: A1 to D4, plus Bleach (BL1, BL2, BL3, BL4)

and Pink (Gingiva)

\$49.00 (18mm) **\$59.00** (25mm)

\$69.00 (30mm)

MONOCOLOR

- Excellent combination of color and translucency
- Easy to mill
- · Highly biocompatible



High-End PMMA Blanks

CLEAR

State of the art for milled bite splints

Diameters: 98mm with 2 steps

95mm (ZZ-Shape)

Heights: 10, 12, 14, 16, 18, 20, 25mm

Colors: Transparent

\$29.00 (98mm x 10mm-20mm)

\$35.00 (98mm x 25mm)

CLEAR

- Glossy surface directly after milling
- · Transparent as glass
- High strength (>130MPa)

Certified as Class 2A medical devices according to EC Directive 93/42/EEC

www.primotecusa.com

PREMIOtemp PMMA Blanks





High-End PMMA Blanks

CLEAR FLEX

98mm with 2 steps

The thermoplastic material for milled bite splints

- **CLEAR FLEX**
- Innovative milling blank
 Automatically adapts to
- Automatically adapts to the patient's dental situation when warmed up
- Tension-free wearing comfort
- Durable due to maximum break resistance

95mm (ZZ-Shape)

Heights: 16mm, 20mm or 25mm

Colors: Translucent

Price: \$69.00 Certified as Class 1

ORDER

by Email: info@primotecusa.com

by fax: 212-929-7444

or by phone: 203-682-6429

Your	Order
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Diameters:

1	Type MULTI Type MONO Type CLEAR	2	Diameter: Height: Color:	
U	Type CLEAR FLEX	4	Quantity:	

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Name / Lab:	Customer number:				
Please send us our order to following address*:					
Name / Lab:					
Contact person / Position:					
Street:					
ZIP / City:					
Telephone:	Fax:				
Email:					
Date / Signature:					

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