



4141 MacArthur Blvd. • Newport Beach, CA 92660
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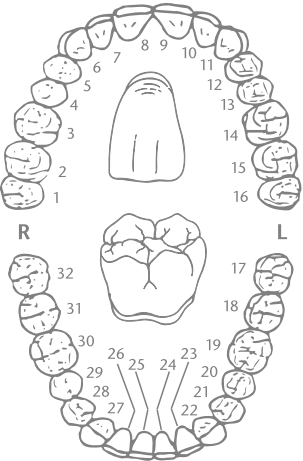
Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

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

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

Rx Implant System _____ Implant Diameter _____ mm



Signature _____

License # _____ Date _____

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

PROVISIONAL RESTORATIONS

☐ BioTemps Provisionals
Reinforcement: ☐ None ☐ Wire* ☐ Fiber
☐ Cast-Metal

☐ Transition C&B ☐ Smile Transitions

Abutment #(s) _____

Pontic #(s) _____ Total units _____

☐ Splinted* ☐ Cement-On Implant

☐ Individual Units ☐ Screw-Retained Implant

Amount of prep reduction: ☐ 1 mm* ☐ 2 mm

☐ Perio treatment: Prepare tooth below gingival on tooth #(s) _____ by _____ mm

☐ Pontic site healing: Prepare ovate socket on tooth #(s) _____ by _____ mm

VENEER

☐ BruxZir Esthetic veneer* ☐ Layered IPS e.max veneer
☐ IPS e.max veneer

IMPLANT ABUTMENTS

CHOOSE MATERIAL **CHOOSE BRAND**

☐ Titanium* ☐ Glidewell*
☐ Gold-Colored Titanium ☐ BIOMET 3i Encode

☐ Zirconia w/ Ti-Base
☐ Gold Alloy

SCREW-RETAINED IMPLANT CROWNS

☐ BruxZir Full-Strength ☐ BruxZir Esthetic ☐ IPS e.max

Specify implant brand, system and diameter on Rx

IF NO OCCLUSAL CLEARANCE

☐ Call doctor ☐ Spot opposing ☐ Metal occlusion ☐ Metal island ☐ Make this a permanent note

STUMP SHADE **OCCLUSAL STAINING** **PONTIC DESIGN**

FINAL SHADE ☐ None ☐ Light* ☐ Medium ☐ Dark

FOR BRUXZIR FUSION CASES

INCISAL LOBE DESIGN **INCISAL TRANSLUCENCY** **ANTERIOR DESIGN STYLE**

☐ Less ☐ Light* ☐ Heavy ☐ None ☐ Less ☐ Light* ☐ Heavy ☐ Triangle ☐ Round ☐ Square

ANATOMICAL SURFACE TEXTURE

☐ None ☐ Light* ☐ Medium

ZIRCONIA RESTORATIONS

☐ BruxZir Full-Strength**(>1,000 MPa)
☐ BruxZir Esthetic** (870 MPa) (preparation shade recommended for best results)
☐ BruxZir Radiant (778 MPa)
☐ Bilayered Clinical Zirconia
☐ BruxZir Fusion (Veneer 778 MPa, Core > 1,000 MPa)

ALL-CERAMIC RESTORATIONS

☐ Obsidian All-Ceramic ☐ IPS e.max (anterior)
☐ IPS e.max (posterior)

Indicate stump or present tooth shade for all-ceramics

PFM

☐ Obsidian to Non-Precious* ☐ Obsidian to White Noble
☐ Obsidian to White High Noble

COMPOSITE RESTORATIONS

☐ Composite ☐ Fiber Reinforcement

MARGIN AND METAL DESIGN

Labial Butt 360° Butt Junction Junction

IF NO OCCLUSAL CLEARANCE

☐ Call doctor ☐ Metal occlusion
☐ Spot opposing
Would you like this to be a permanent note in your master file? ☐ Yes ☐ No

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: Cost of collection 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 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: Glidewell 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 glidewell.com/policies-and-warranties.



• BruxZir Restorations



• Custom Abutments



• All-Ceramic Restorations
• PFM Restorations



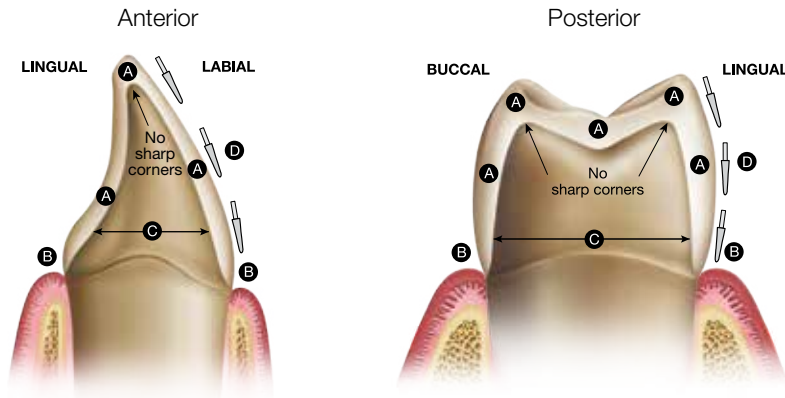
• Transition Crowns and Bridges®



• BioTemps® Provisionals

All rush cases must be prescheduled by calling 800-944-7874 before the case is shipped. Time of pickup and delivery may affect turnaround time.

PREPARATION GUIDELINES



BruxZir Esthetic

- A. 1.25 mm ideal reduction (0.7 mm minimum)
- B. Chamfer or modified shoulder margins preferred
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

BruxZir Full-Strength

- A. 1.0 mm ideal reduction (0.5 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

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

Glidewell Direct
Glidewell HT™ Implant System
Hahn™ Tapered Implant System
Inclusive® Tapered Implant System

HIOSS®
HG System

MegaGen
AnyRidge® Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level

Zimmer Dental
Screw-Vent®

Restorations for the implant systems above are fabricated using components manufactured by Prismatic Dentalcraft, Inc. Prices may vary for other implant systems due to the need for original equipment manufacturer (OEM) components. Inclusive is a registered trademark of Prismatic Dentalcraft, Inc. Hahn Tapered Implant is a trademark of Prismatic Dentalcraft, Inc. All other trademarks are property of their respective owners.