

4141 MacArthur Blvd. • Newport Beach, CA 92660
800-854-7256 • Fax 800-411-9722 • glidewell.com

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: _____

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

DENTURES/FLIPPERS/FLEXIBLE PARTIALS

Denture	Partial	Select Phase
<input type="checkbox"/> Handcrafted Denture	<input type="checkbox"/> Flipper	<input type="checkbox"/> Custom tray
<input type="checkbox"/> Digital Denture	<input type="checkbox"/> Valplast	<input type="checkbox"/> Bite rim
<input type="checkbox"/> Immediate Digital Denture	<input type="checkbox"/> tcs	<input type="checkbox"/> Setup try-in
<input type="checkbox"/> Immediate Denture	<input type="checkbox"/> DuraFlex	<input type="checkbox"/> Finish
<input type="checkbox"/> Duplicate Digital Denture		
<input type="checkbox"/> Reference Digital Denture		

Digital Denture Teeth

Shade _____ Mould _____

Select Teeth for Partial and Handcrafted Dentures

☐ **Kenson Teeth (Standard)**

Shade _____ Mould _____

☐ **Premium Brand Teeth (Extra Charge)**

Shade _____ Mould _____ Brand _____

SIMPLY NATURAL METAL PARTIALS
Metal frame with acrylic and Kenson teeth

Frame Material	Phase
<input type="checkbox"/> SLM-printed cobalt chrome frame	<input type="checkbox"/> Metal frame try-in
Esthetic Clasp Material (extra charge applies)	<input type="checkbox"/> Printed frame try-in
<input type="checkbox"/> Valplast/SLM-printed cobalt chrome frame	<input type="checkbox"/> Frame w/occlus. rim
<input type="checkbox"/> tcs/SLM-printed cobalt chrome frame	<input type="checkbox"/> Frame w/setup try-in
<input type="checkbox"/> Lab select complete design	<input type="checkbox"/> Finish
	<input type="checkbox"/> Scan/Save File (extra charge applies)

SNORING/SLEEP APNEA APPLIANCES

☐ Buy 1 ☐ Buy 2 and save ☐ Scan/Save File

☐ Silent Nite 3D (digital impressions only) ☐ Silent Nite*

☐ Silent Nite with Glidewell Hinge ☐ OASYS Hinge Appliance

☐ EMA ☐ flexTAP ☐ dreamTAP ☐ TAP 3 TL

ZIRCONIA & ALL-CERAMIC RESTORATIONS

☐ BruxZir Full-Strength™ (>1,000 MPa) ☐ IPS e.max
☐ BruxZir Radiant (778 MPa) ☐ Bilayered Clinical Zirconia
☐ BruxZir Esthetic™ (870 MPa)
☐ BruxZir Fusion (Veneer 778 MPa, Core > 1,000 MPa)

VENEERS

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

PFM

☐ Obsidian to Non-Precious* ☐ Obsidian to White High Noble
☐ Obsidian to White Noble ☐ Porcelain fused to OcclusalGold YHN

FULL-CAST RESTORATIONS

☐ Noble-Cast 45 YN (40% Au) ☐ White Noble
☐ Noble-Cast 60 YHN (57.5% Au)* ☐ White High Noble (40% Au)
☐ Non-Precious ☐ Post & Core

SCREW-RETAINED RESTORATIONS

☐ BruxZir Full-Strength* ☐ Obsidian to White Noble
☐ BruxZir Esthetic ☐ Obsidian to White High Noble
☐ IPS e.max ☐ Bilayered Clinical Zirconia
☐ BruxZir Fusion

SCREWMENTABLE
(crown with screw-access hole cemented over custom abutment)

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

CUSTOM ABUTMENTS

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

FULL-ARCH IMPLANTS

☐ BruxZir Full-Arch Implant Prosthesis ☐ Screw-Retained Hybrid Denture
☐ Full-Strength ☐ Esthetic ☐ Locator Overdenture

NIGHTGUARDS/RETAINERS/MIGRAINE PREVENTION

☐ Upper ☐ Lower

☐ Buy 1 ☐ Buy 2 and save ☐ Scan/Save File

☐ Comfort3D (3D-printed, hard) ☐ Comfort H/S* (clear, hard with soft reline) ☐ Soft nightguard (buy 2 savings not available)

☐ CLEARsplint (self-adjusting, hard) ☐ NTI-tss Plus ☐ NTI OmniSplint



Clear-Lock Retainers: ☐ Qty of 2 ☐ Qty of 4 ☐ Qty of 6

☐ Clear ortho ☐ Hawley ☐ Essix Retainer (1 tooth)




PLAYSAFE MOUTHGUARDS	ORB SPORT MOUTHGUARD
<input type="checkbox"/> Jr <input type="checkbox"/> Lt <input type="checkbox"/> Lt Pro	<input type="checkbox"/> ORB Sport Mouthguard*
<input type="checkbox"/> Med* <input type="checkbox"/> Hvy <input type="checkbox"/> Hvy Pro	<i>Includes digital file storage of the patient's model for 7 years</i>
<input type="checkbox"/> Helmet strap	
Specify color(s) on Rx Name: _____	

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 _____	<input type="checkbox"/> None <input type="checkbox"/> Light* <input type="checkbox"/> Medium <input type="checkbox"/> Dark	

FOR BRUXZIR FUSION CASES

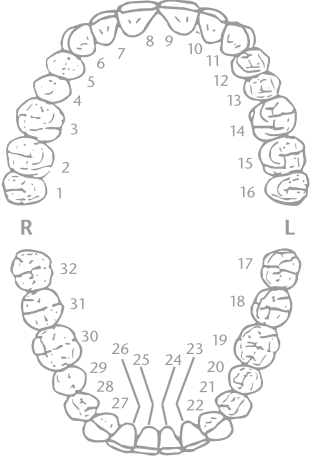
INCISAL LOBE DESIGN	INCISAL TRANSLUCENCY	ANTERIOR DESIGN STYLE
		
<input type="checkbox"/> Less <input type="checkbox"/> Light* <input type="checkbox"/> Heavy <input type="checkbox"/> None	<input type="checkbox"/> Less <input type="checkbox"/> Light* <input type="checkbox"/> Heavy	<input type="checkbox"/> Triangle <input type="checkbox"/> Round <input type="checkbox"/> Square

ANATOMICAL SURFACE TEXTURE

☐ None ☐ Light* ☐ Medium

Rx Implant System _____ (If applicable)

Implant Diameter _____ mm
(See reverse for flat-rate pricing info)



Signature _____

License _____ Date _____

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

***Standard unless specified otherwise. **BruxZir Esthetic is the standard for anterior restorations. BruxZir Full-Strength is the standard for posterior restorations.**

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
• Full-Cast Restorations



• BioTemps® Provisionals
• Bite Splints
• Mouthguards and Nightguards



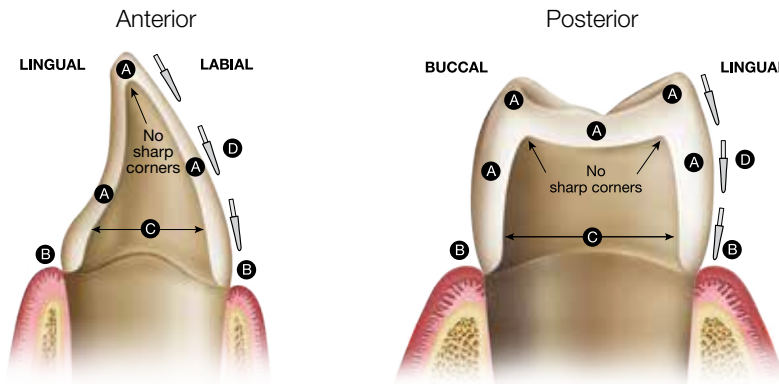
• Silent Nite
• Silent Nite 3D
• Silent Nite with Glidewell Hinge
• flexTAP



• dreamTAP
• TAP 3 TL
• EMA

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 Radiant and 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

BioHorizons®
Tapered Internal

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

DENTSPLY Implants
ANKYLOS® C/X
ASTRA TECH Implant System®
ASTRA TECH Implant System® EV

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

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

HIOSEN®
HG System

Implant Direct®
InterActive®
Legacy®
RePlant®

Keystone® Dental
PrimaConnex®

Straumann®
BLX
Bone Level
Bone Level SC
Tissue Level

MegaGen
AnyRidge® Implant System

MIS®
C1 Implant System
SEVEN®

NeoDent®
GM

Neoss®†
ProActive® Narrow
ProActive® Standard

Zimmer Dental
Eztetic®
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. †For Neoss®, flat-rate pricing is only available for screw-retained crowns; custom abutments require OEM components. Inclusive is a registered trademark of Prismatic Dentalcraft, Inc. Glidewell HT and Hahn are trademarks of Prismatic Dentalcraft, Inc. All other trademarks are property of their respective owners.