

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

 Duplicate Digital Denture

 Reference Digital Denture

**Digital Denture Teeth**

Shade \_\_\_\_\_ Mould \_\_\_\_\_

**Select Teeth for Partials 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
<b>Esthetic Clasp Material (extra charge applies)</b>	<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**

<input type="radio"/> Buy 1	<input type="radio"/> Buy 2 and save	<input type="radio"/> Scan/Save File
<input type="checkbox"/> Silent Nite 3D (digital impressions only)	<input type="checkbox"/> Silent Nite*	
<input type="checkbox"/> Silent Nite with Glidewell Hinge	<input type="checkbox"/> OASYS Hinge Appliance	
<input type="checkbox"/> EMA	<input type="checkbox"/> flexTAP	<input type="checkbox"/> dreamTAP
		<input type="checkbox"/> TAP 3 TL

**ZIRCONIA & ALL-CERAMIC RESTORATIONS**

<input type="checkbox"/> BruxZir Full-Strength* (>1,000 MPa)	<input type="checkbox"/> IPS e.max
<input type="checkbox"/> BruxZir Radiant (778 MPa)	<input type="checkbox"/> Bilayered Clinical Zirconia
<input type="checkbox"/> BruxZir Esthetic* (870 MPa)	
<input type="checkbox"/> BruxZir Fusion (Veneer 778 MPa, Core > 1,000 MPa)	

**VENEERS**
 BruxZir Esthetic veneer\*  IPS e.max veneer  Layered IPS e.max veneer

**PFM**

<input type="checkbox"/> Obsidian to Non-Precious*	<input type="checkbox"/> Obsidian to White High Noble
<input type="checkbox"/> Obsidian to White Noble	<input type="checkbox"/> Porcelain fused to OcclusalGold YHN

**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

**SCREW-RETAINED RESTORATIONS**

<input type="checkbox"/> BruxZir Full-Strength*	<input type="checkbox"/> Obsidian to White Noble
<input type="checkbox"/> BruxZir Esthetic	<input type="checkbox"/> Obsidian to White High Noble
<input type="checkbox"/> IPS e.max	<input type="checkbox"/> Bilayered Clinical Zirconia
<input type="checkbox"/> BruxZir Fusion	

**SCREWMENTABLE**

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

<input type="checkbox"/> BruxZir Full-Strength*	<input type="checkbox"/> BruxZir Esthetic
<input type="checkbox"/> BruxZir Fusion	<input type="checkbox"/> IPS e.max

**CUSTOM ABUTMENTS**

<input type="checkbox"/> Titanium*	<input type="checkbox"/> Gold-Tone Titanium	<input type="checkbox"/> Zirconia w/ Ti-Base
<input type="checkbox"/> BIOMET 3i Encode	<input type="checkbox"/> Gold Alloy	<input type="checkbox"/> Prepare existing abutment

**FULL-ARCH IMPLANTS**

<input type="checkbox"/> BruxZir Full-Arch Implant Prosthesis	<input type="checkbox"/> Screw-Retained Hybrid Denture
<input type="checkbox"/> Full-Strength	<input type="checkbox"/> Esthetic
	<input type="checkbox"/> Locator Overdenture

**NIGHTGUARDS/RETAINERS/MIGRAINE PREVENTION**

<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="radio"/> Buy 1	<input type="radio"/> Buy 2 and save
<input type="checkbox"/> Comfort3D (3D-printed, hard)	<input type="checkbox"/> Comfort H/S* (clear, hard with soft reline)
<input type="checkbox"/> CLEARsplint (self-adjusting, hard)	<input type="checkbox"/> Soft nightguard (buy 2 savings not available)
<input type="checkbox"/> Clear-Lock Retainers:	<input type="checkbox"/> Qty of 2 <input type="checkbox"/> Qty of 4 <input type="checkbox"/> Qty of 6
<input type="checkbox"/> Clear ortho	<input type="checkbox"/> Hawley
	<input type="checkbox"/> Essix Retainer (1 tooth)

**PLAYSAFE MOUTHGUARDS**

<input type="checkbox"/> Jr	<input type="checkbox"/> Lt	<input type="checkbox"/> Lt Pro
<input type="checkbox"/> Med*	<input type="checkbox"/> Hvy	<input type="checkbox"/> Hvy Pro
<input type="checkbox"/> Helmet strap _____		

Specify color(s) on Rx

Name: \_\_\_\_\_

**ORB SPORT MOUTHGUARD**

<input type="checkbox"/> ORB Sport Mouthguard*	
Includes digital file storage of the patient's model for 7 years	

**IF NO OCCLUSAL CLEARANCE**
 Call doctor  Spot opposing  Metal occlusion  Metal island  Make this a permanent note

**STUMP SHADE**
**FINAL SHADE**
**OCCLUSAL STAINING**

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

**PONTIC DESIGN**

**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
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<input type="checkbox"/> Less	<input type="checkbox"/> Light*	<input type="checkbox"/> Heavy
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<input type="checkbox"/> Triangle	<input type="checkbox"/> Round	<input type="checkbox"/> Square
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**ANATOMICAL SURFACE TEXTURE**

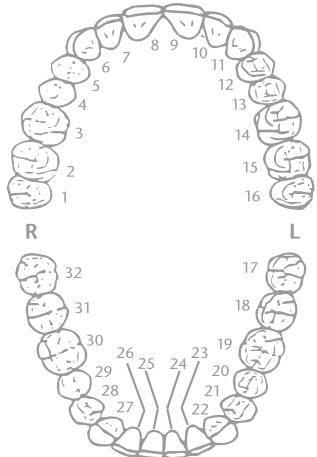
<input type="checkbox"/> None	<input type="checkbox"/> Light*	<input type="checkbox"/> Medium
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**Rx Implant System**

(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](http://glidewell.com/policies-and-warranties).



• BruxZir Restorations



• Custom Abutments



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



- BioTemps® Provisionals
- Bite Splints
- Mouthguards and Nightguards



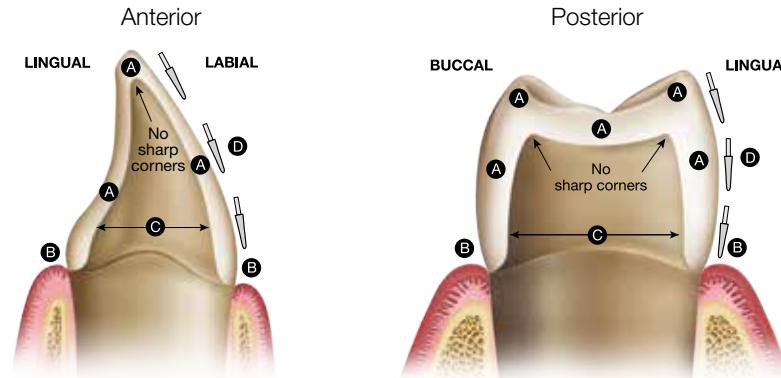
- Silent Nite
- Silent Nite 3D
- Silent Nite with Glidewell Hinge
- flexTAP



- 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

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

### BruxZir Full-Strength

- 1.0 mm ideal reduction (0.5 mm minimum)
- Chamfer or shoulder margins preferred. Feather-edge OK
- Axial walls must be convergent (avoid undercuts)
- Preparation should be cut in three planes
- 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

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

MegaGen  
AnyRidge® Implant System

BIOMET 3i™  
Certain®

HIOSSEN®  
HG System

MIS®  
C1 Implant System  
SEVEN®

CAMLOG®  
SCREW-LINE

Implant Direct®  
InterActive®  
Legacy®  
RePlant®

NeoDent®  
GM

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

Keystone® Dental  
PrimaConnex®

Neoss®<sup>†</sup>  
ProActive® Narrow  
ProActive® Standard

Nobel Biocare  
Bränemark System® RP  
NobelActive®  
NobelReplace®

Straumann®  
BLX  
Bone Level  
Bone Level SC  
Tissue Level

Zimmer Dental  
Ezetic®  
Screw-Vent®