



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

Dr. Name _____ Acct. # _____

Address _____ City/State/ZIP _____

Patient ID/Name _____ First _____ Age _____

Deliver by 5 p.m. on _____ Last _____

Call before starting case

SHIPPING AND WORKING TIMES

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule shipping pickup, call us at **800-854-7256** or log in to myaccount.glidewelldental.com
3. Please allow five working days in lab.

Enclosed with case: Impressions Bite Models Articulator _____

Shade Tab D-Wax Pre-Op Models

Please Include Patient Photos: Full-face Smile Full-face Retracted

FINAL CERAMIC SHADE



Indicate Shade Here _____

PRESENT STUMP SHADE



Indicate Shade Here _____

INCISAL LOBE DESIGN



Less Light* Heavy None

INCISAL TRANSLUCENCY



Less Light* Heavy

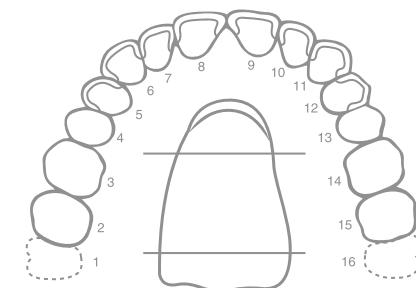
ANTERIOR DESIGN STYLE



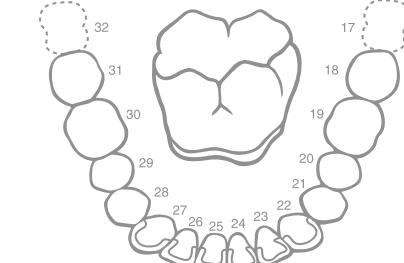
Triangle Round Square

ANATOMICAL SURFACE TEXTURE

None Light* Medium



Shade Specifics



WEB Rx

BruxZir Fusion (Veneer 778 MPa, Core > 1,000 MPa)



* X F D H 5 2 *

OCCLUSAL STAINING

None Light* Medium Dark

Signature _____

License # _____ Date _____

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

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

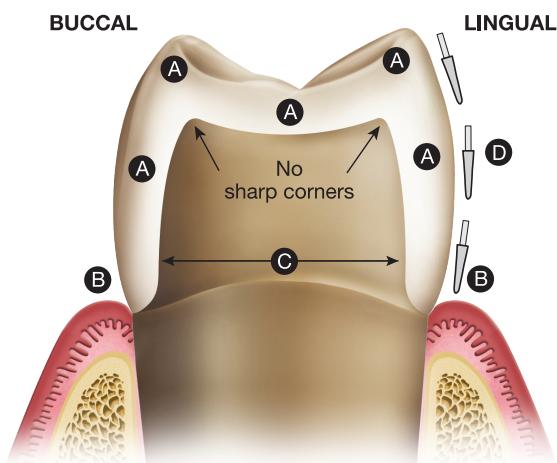
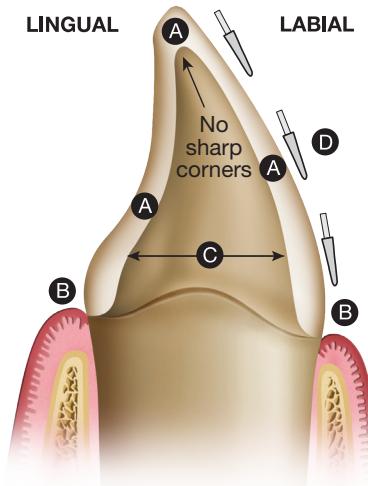


TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. 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 FUSION ZIRCONIA PREPARATION GUIDELINES



- A. 2.0 mm incisal reduction (1.75 mm minimum), 1 mm facial reduction (0.8 mm minimum)
- B. Chamfer or shoulder margins required
- C. Rounded external walls, and axial walls must be convergent (avoid undercuts)
- D. 3 planes of reduction required on facial surfaces
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins