# **BRUXZIR PROMOTIONAL RX**



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

## SPECIAL RX OFFER\*

1. Carefully package your case, including this Rx, and tape box securely closed.

- 2. To schedule shipping pickup, call us at 800-854-7256.
- 3. Please allow five working days in lab.

4. Buy 500 worth of BruxZir restorations and receive a free BruxZir Shade Guide.

Offer expires June 30, 2021. \*Price does not include shipping or applicable taxes. Maximum one free BruxZir Shade Guide per account. Not valid with any other offer. Promotion valid for new case submissions only. Rx must be enclosed with case submission. If multiple cases are required to reach the \$500 total, all cases must be sent together at the same time.



Dr. NameAddressCity/State/ZIF	2	BRUXZIR RESTORATIONS D BruxZir Full-Strength** (1,150 MPa) NEW! BruxZir Esthetic (870 MPa)	SCREW-RETAINED RESTORATIONS AND CUSTOM IMPLANT ABUTMENTS	
Patient ID/Name	t Call before starting case Articulator Shade Tab D-Wax	FINAL CERAMIC SHADE	BruxZir Full-Strength     I Zirconia w/ Ti-Base     (1,150 MPa) (w/ Ti-Base)**     I Titanium Abutment**     See reverse for implant systems supported	
WEBR       Indicate implant system         Indicate implant size       Indicate implant size         (if applicable)       Indicate implant size		PRESENT TOOTH OR STUMP SHADE	SELECT RESTORATION TYPE         Crown       Splinted Crowns       Bridge         CONTOUR AND OCCLUSION DESIGN         Embrasures:       Occlusion:       Contacts:         Closed**       Light**       Broad & Tight**         Open       Ideal       Pinpoint         Openmm       Light	
	$ \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\$	OCCLUSAL STAINING	Out     ABUTMENT MARGIN DESICN     Shoulder for     all-ceramic**     Dent     Chamfer for     PFM/BruxZir**     ABUTMENT EMERGENCE PROFILE     Surgical     Dent     Den	
	$\begin{array}{c} \mathbf{R} \\ 32 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ $	INCISAL SHAPE INSTRUCTIONS		
	Free Shade Guide			
Signature License # Submission of this Rx constitutes agreement with limite	Date	**Standard unless specified otherwise	ABUTMENT MARGIN DEPTH Facial Mesial Lingual Distal If left blank, default values will be used	

See reverse for details.

### **TERMS AND WARRANTY INFORMATION**



All Restorations Made in the USA

#### We honor VISA, MASTERCARD, AMEX and DISCOVER.

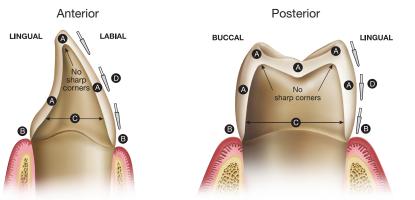
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: Glidewell Laboratories 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.



**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 <sup>™</sup> Certain <sup>®</sup>	CAMLOG® SCREW-LINE	DENTSPLY Implants ANKYLOS® C/X ASTRA TECH Implant System® ASTRA TECH Implant System® EV	Glidewell Direct Hahn <sup>™</sup> Tapered Implant System Inclusive <sup>®</sup> Tapered Implant System		HIOSSEN <sup>⊚</sup> HG System
Ar	MegaGen nyRidge <sup>®</sup> Implant System	Nobel Biocare Brånemark System <sup>®</sup> RP NobelActive <sup>®</sup> NobelReplace <sup>®</sup>	Straumann <sup>©</sup> Bone Level Tissue Level	Zimmer Dental Screw-Vent <sup>®</sup>	

Restorations for the implant systems above are fabricated using components manufactured by Prismatik 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 Prismatik Dentalcraft, Inc. Hann Tapered Implant is a trademark of Prismatik Dentalcraft, Inc. All other trademarks are property of their respective owners.