



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

SHIPPING AND WORKING TIMES

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule shipping pickup, call us at **800-854-7256**.
- Please allow five working days in lab.

Dr. Name _____ Acct. # _____

Address _____

City/State/ZIP

Patient ID/Name _____ Age _____

First

Last

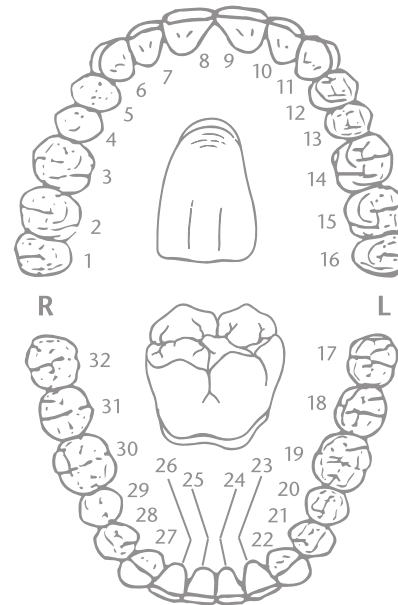
Deliver by 5 p.m. on _____ Call before starting case

Enclosed with case: Impressions Bite Models Articulator Shade Tab D-Wax Pre-Op Models Photos

WEB Rx



NOTE: Please send a study model on all work involving anterior teeth.



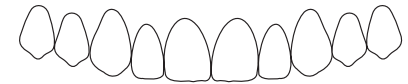
Signature _____ License # _____ Date _____

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

CHOOSE PRODUCT

- BruxZir Full-Strength** (> 1,000 MPa)
- NEW!** BruxZir Esthetic (870 MPa)

FINAL CERAMIC SHADE



Indicate Shade Here _____

PRESENT TOOTH OR STUMP SHADE

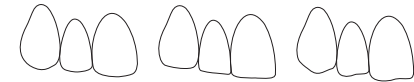


Indicate Shade Here _____

OCCUSAL STAINING

- Light** Med Dark None

INCISAL SHAPE INSTRUCTIONS



- Rounded Squared Pointed

PONTIC DESIGN



**Standard unless specified otherwise

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

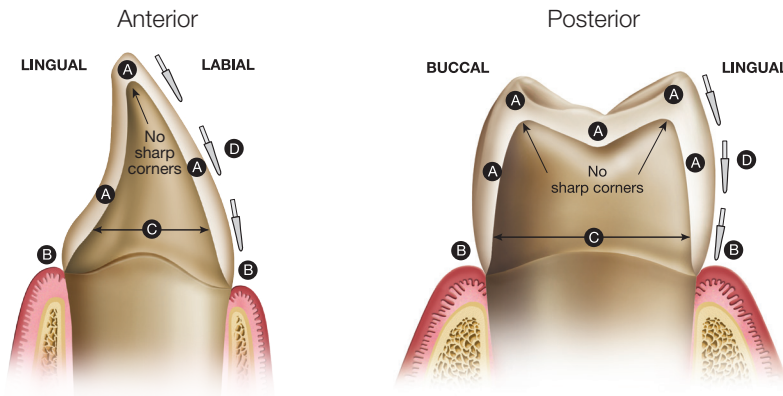


TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice.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

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

THE JIM GLIDEWELL SIGNATURE ANTERIOR SERIES

Choose the desired esthetic outcome for your patient

SQUARE-TAPERED



Exemplify boldness and youthfulness.

SOFT-SQUARED



Show energetic professionalism.

OVOID



Convey charm and softness.

TRAPEZOID



Demonstrate confidence.

SQUARED



Strike an athletic tone.

TRIANGLE-TAPERED



Exhibit mature experience.