BRUXZIR ESTHETIC RX

Glidewell

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

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.**
3. 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

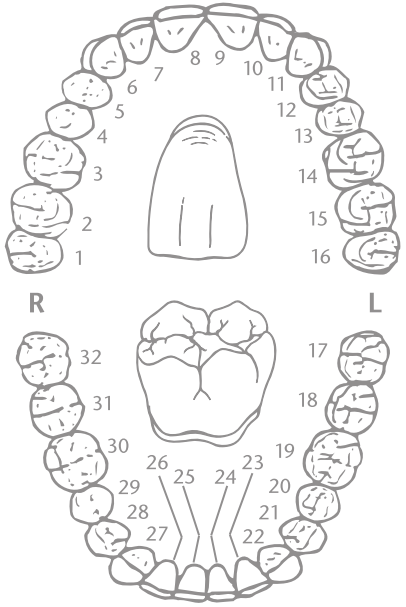
Enclosed with case: ❑ Impressions ❑ Bite ❑ Models ❑ Articulator ❑ Shade Tab ❑ D-Wax ❑ Pre-Op Models ❑ Photos

WEB Rx

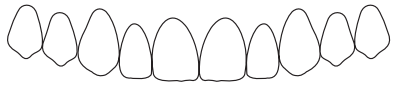
❑ **NEW!** BruxZir Esthetic (870 MPa)

* Q G U C 8 8 *

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

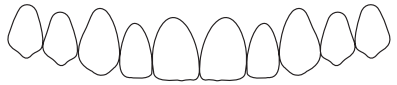


FINAL CERAMIC SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

OCCLUSAL STAINING

❑ Light** ❑ Med ❑ Dark ❑ None

INCISAL SHAPE INSTRUCTIONS

❑ Rounded ❑ Squared ❑ Pointed

PONTIC DESIGN

❑ ❑ ❑** ❑ ❑

***Standard unless specified otherwise**

Signature _____ License # _____ Date _____

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

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TERMS AND WARRANTY INFORMATION

All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

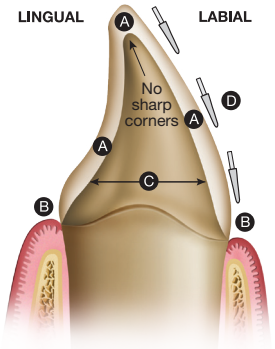
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. ***Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.*** Prices subject to change without notice.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

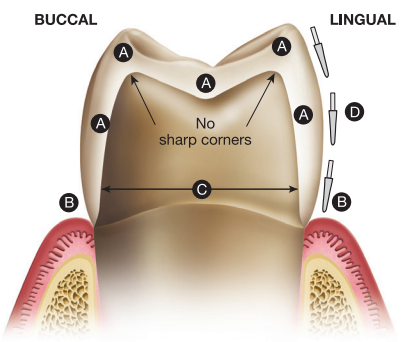
LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit ***glidewell.com/policies-and-warranties***.

PREPARATION GUIDELINES

Anterior



Posterior



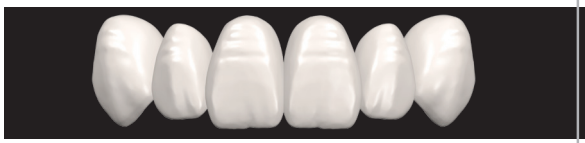
BruxZir Esthetic

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

THE JIM GLIDEWELL SIGNATURE ANTERIOR SERIES

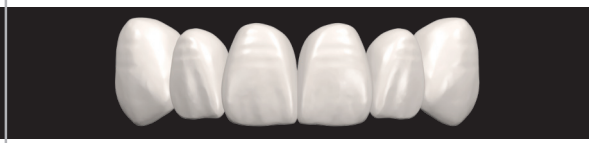
Choose the desired esthetic outcome for your patient

SQUARE-TAPERED



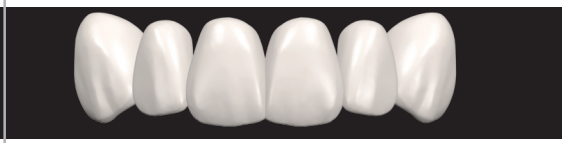
Exemplify boldness and youthfulness.

SOFT-SQUARED



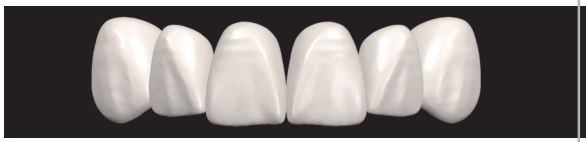
Show energetic professionalism.

OVOID



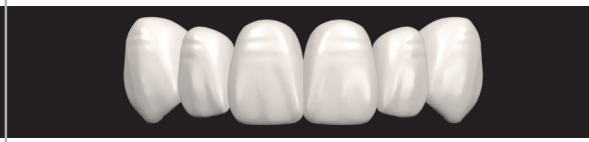
Convey charm and softness.

TRAPEZOID



Demonstrate confidence.

SQUARED



Strike an athletic tone.

TRIANGLE-TAPERED

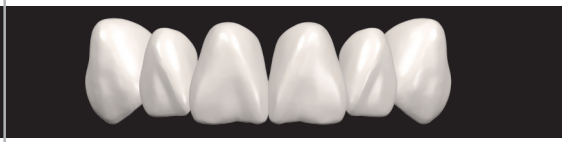


Exhibit mature experience.