

Dr. Name _____ Phone # _____

Patient ID/Name _____ Acct. # _____
First Last

SELECT PHASE

Phase 1: Start Here

☐ Diagnostic Wax-Up

Must upload two patient smile photos to myaccount.glidewelldental.com

Design:

- ☐ Ideal
☐ Custom (Use Design section)

Phase 2: Optional

☐ BioTemps Provisionals

Must upload two patient smile photos to myaccount.glidewelldental.com

Construction:

- ☐ Splinted* #(s)
☐ Individual unit #(s)

Reinforcement:

- ☐ None ☐ Wire* ☐ Fiber

Design:

- ☐ Proceed with design from Diagnostic Wax-Up
☐ Adjust design (Use Design section)

Final Phase

☐ Final Restoration

Must upload two patient smile photos to myaccount.glidewelldental.com

Restorative Material:

- ☐ **NEW!** Fusion with BruxZir (778 MPa)
☐ BruxZir Radiant (778 MPa)
☐ BruxZir Esthetic (870 MPa)
☐ BruxZir Full-Strength (> 1,000 MPa)
☐ IPS e.max

Design:

- ☐ Proceed with design from BioTemps proposal
☐ Adjust design (Use Design section)

CASE DETAILS

Tooth Number #(s) _____ to _____

Abutment #(s) _____

Pontic #(s) _____

Veneer #(s) _____

Extract #(s) _____

Open bite _____ mm anteriorly

Perio treatment: Prepare tooth below

gingival on tooth #(s) _____ by _____ mm

Pontic site healing: Prepare ovate socket

on tooth #(s) _____ by _____ mm

DESIGN

SHADE INSTRUCTIONS



Indicate Shade Here

OCCLUSAL STAINING

- ☐ Light* ☐ Medium ☐ Dark ☐ None

INCISAL SHAPE INSTRUCTIONS

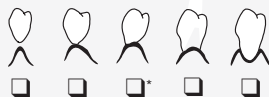


- ☐ Rounded ☐ Squared ☐ Pointed

MIDLINE CORRECTION



PONTIC DESIGN



Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite

☐ Impressions of adjusted D-Wax or BioTemps

☐ Other: _____

WEB R_x

Due Date _____

Signature _____

License _____ Date _____

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 Restorations



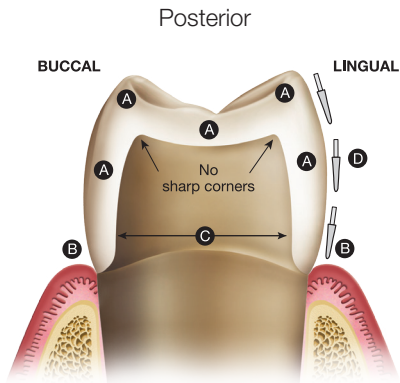
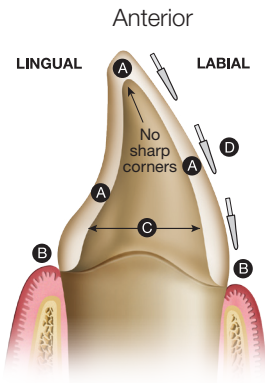
• All-Ceramic Restorations
• PFM Restorations



• BioTemps® Provisionals

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

- 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 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