



4141 MacArthur Blvd. • Newport Beach, CA 92660  
 800-854-7256 • Fax 800-411-9722 • [glidewell.com](http://glidewell.com)

Dr. Name \_\_\_\_\_ Acct. # \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Patient ID/Name \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_

Deliver by 5 p.m. on \_\_\_\_\_ ☐ Call before starting case

### SPECIAL OFFER\*

1. Use this Rx to save \$50 per unit on BruxZir Glass restorations when you prescribe 6 or more units. (limit 10 units per account).
2. Carefully package your case, including this Rx, and tape box securely closed
3. To schedule shipping pickup, call us at **800-854-7256** or log in to [myaccount.glidewell.com](http://myaccount.glidewell.com)

**Offer expires December 31, 2026.** \*Price does not include shipping or applicable taxes. Limit one special offer per account. Special pricing not valid with any other offer.

Enclosed with case: ☐ Impressions ☐ Bite ☐ Models ☐ Articulator \_\_\_\_\_

☐ Shade Tab ☐ D-Wax ☐ Pre-Op Models

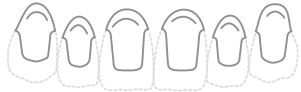
**Please Include Patient Photos:** ☐ Full-face Smile ☐ Full-face Retracted

#### 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

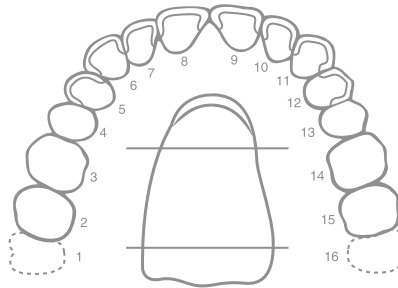
☐ None ☐ Light\* ☐ Medium

## WEB Rx

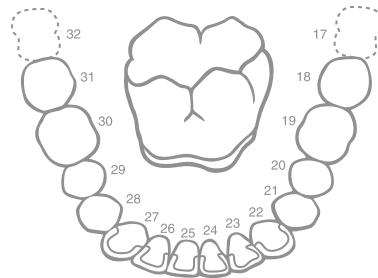
**NEW!** BruxZir Glass  
 (Lithium Disilicate > 400 MPa, Zirconia > 1,000 MPa)



Exp. 12/31/2026



Shade  
 Specifics



#### 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.

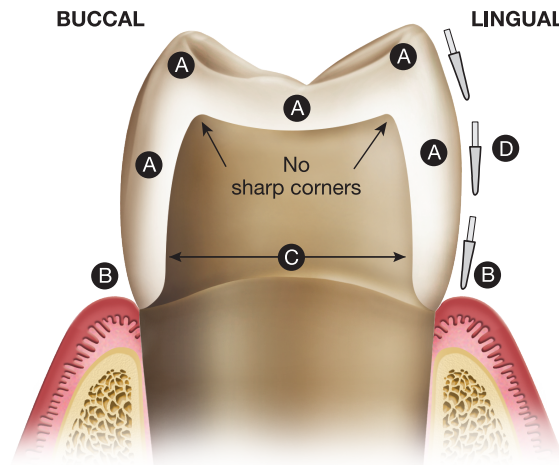
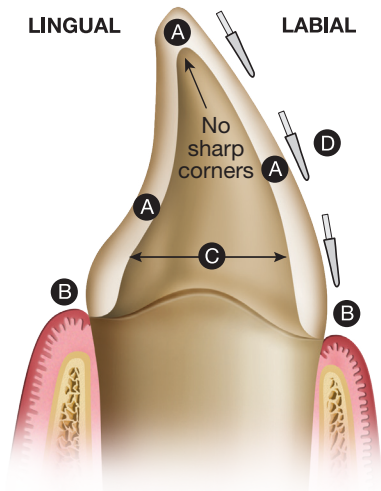


**TERMS:** Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice.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

## BRUXZIR GLASS 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