

• **BRUXZIR FULL-ARCH IMPLANT PROSTHESIS Rx** •



GLIDEWELL LABORATORIES

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800-854-7256 • Fax 800-411-9722

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

Address/Email _____ Deliver by 5 p.m. on **See Reverse for Working Times**

Enclosed with Case: Impressions Models Bite Photos Other: _____

Rx

- Upper Lower
- Full-Arch Partial-Arch (up to 7 units)
- No. of Teeth Desired _____
- Implant System _____
- Implant Diameter _____ mm
- Stage of Service Needed:
 - Bite block
 - Diagnostic wax setup try-in
 - Implant verification jig
 - Custom tray
 - Reset
 - PMMA provisional prosthesis
 - Final BruxZir prosthesis

(See reverse for compatible implant systems and limited warranty details)

SELECT IMPLANT PROSTHESIS

- Complete service
- Copy mill service
(Requires master cast and final wax setup provided by clinician)
- BruxZir Full-Arch Implant Prosthesis†**
(7-year warranty)
(Precision-milled solid zirconia with tooth and gingival tissue shade; NOTE: Complete service includes PMMA implant provisional; a duplicate PMMA provisional can be purchased for an extra fee)
- PMMA Implant Provisional (6-month warranty)**
(Precision-milled PMMA provisional with tooth and gingival tissue shade)
- BruxZir Partial-Arch Implant Prosthesis – up to 7 units (7-year warranty)**
(Precision-milled solid zirconia with tooth and gingival tissue shade) NOTE: Includes one PMMA implant provisional; a duplicate PMMA provisional can be purchased for an extra fee.

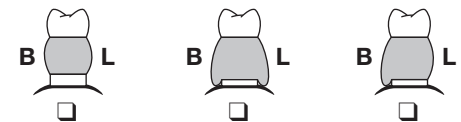
- Tooth Setup:** Ideal Characterized
- Copy study model Copy existing denture
 - Add lip support
 - Male Female Age _____
- Tooth Shade:** _____
- Tissue Shade:** G0 (Light) G1 (Standard)
 G3 (Med) G4 (Dk)

- All-CAD processing *(Eliminates wax setup)*
- Bite splint *(Additional fee applies)*

ACCESS HOLES ON FACIAL

- Call doctor No call needed
- Provide angle correcting abutments *(Extra charge applies)*

TISSUE ADAPTATION DESIGN



- Cover exposed implant
- Provide floss space

PONTIC DESIGN



*Standard unless specified otherwise

Signature _____

License # _____

†Price does not include multi-unit abutments and may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system. For complete service, half of payment is due after first appointment; half is due at final delivery.

IMPLANT WORKING TIMES

Please allow full working time for each product selected. If case includes both upper and lower arches, please allow double working time for case completion. Working times are NOT guaranteed and do NOT include weekends or holidays.

BruxZir Full-Arch Implant Prosthesis

	<u>Days in Lab</u>
Bite block	3
Wax setup try-in, implant verification jig and custom tray	11
Wax setup reset	4
Bite splint	3
Provisional implant prosthesis	6
Final BruxZir prosthesis	8

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.



All Restorations Made in the USA

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 glidewelldental.com/policies-and-warranties/.

THE BRUXZIR® FULL-ARCH IMPLANT PROSTHESIS IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

**BIOMET 3i™
Certain®**

**CAMLOG®
SCREW-LINE**

**DENTSPLY Implants
ANKYLOS® C/X
ASTRA TECH Implant System®**

**Glidewell Direct
Hahn™ Tapered Implant System
Inclusive® Tapered Implant System**

**HIOSEN®
HG System**

**MegaGen
AnyRidge® Implant System**

**Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®**

**Straumann®
Bone Level
Tissue Level**

**Sweden & Martina
Premium
Shelta**

**Zimmer Dental
Screw-Vent®**

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