• IMPLANT FIXED Rx •

GLIDEWELL LABORATORIES
4141 MacArthur Blvd. • Newport Beach, CA 92660
800-839-9755 • Fax 800-411-9722
glidewelldental.com

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

Indicate implant system _____

Indicate implant size _____ **mm**

❑ **Please order all implant components for this case**

Signature _____ License # _____
(see reverse for limited warranty details)

SELECT INCLUSIVE TOOTH REPLACEMENT SYSTEM TYPE

❑ **Inclusive Tooth Replacement System using Inclusive Tapered Implant**

Implant diameter (mm):	Implant length (mm):	Drill preference:
❑ 3.2 ❑ 3.7 ❑ 4.2 ❑ 4.7 ❑ 5.2	❑ 8 ❑ 10 ❑ 11.5 ❑ 13 ❑ 16	❑ short drills ❑ long drills

❑ **Inclusive Tooth Replacement System using your implant**

Implant system: _____ Diameter: _____ mm

❑ **Select Healing Component Type:** ❑ Custom Healing Abutment with Custom Impression Coping
❑ Custom Temporary Abutment with BioTemps Provisional and Custom Impression Coping
❑ Prosthetic Stent for implant positioning (recommended)

CERAMIC SHADE INSTRUCTIONS

Tooth No. _____

Final Shade _____

Occlusal Staining: ❑ Light* ❑ Med ❑ Dark ❑ None

SELECT FINAL CUSTOM ABUTMENT

Choose Material	Choose Brand
❑ Titanium*	❑ Inclusive*
❑ Gold-Colored Titanium	❑ BIOMET 3i Encode
❑ Zirconia w/ Ti-Base	❑ Straumann Variobase
❑ Gold Alloy	❑ Nobel Biocare NobelProcera

❑ Prepare existing abutment

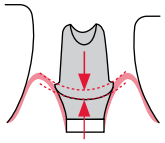
See reverse for supported implant systems

PARALLEL ABUTMENTS

❑ No ❑ Yes *(indicate which abutments will have restorations splinted together for insertion)*

ABUTMENT MARGIN DEPTH

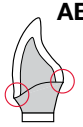
_____ Facial _____ Mesial



_____ Lingual _____ Distal

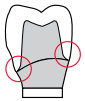
If left blank, default values will be used

ABUTMENT MARGIN DESIGN

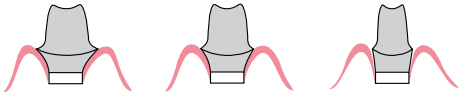


❑ Shoulder for all-ceramic*

Chamfer for ❑ PFM/BruxZir*



ABUTMENT EMERGENCE PROFILE



❑ Surgical Placement ❑ Tissue Displacement* ❑ No Tissue Displacement

SELECT RESTORATION TYPE

❑ Crown ❑ Splinted Crowns ❑ Bridge

CEMENT-RETAINED RESTORATION

❑ BruxZir Full-Strength*
❑ BruxZir Anterior
❑ Prismatik Clinical Zirconia
❑ IPS e.max
❑ Obsidian Pressed to Non-Precious
❑ Obsidian Pressed to Noble
❑ Obsidian Pressed to WHN

SCREW-RETAINED RESTORATIONS

❑ BruxZir Full-Strength *(w/ Ti-Base)**
❑ BruxZir Anterior *(w/ Ti-Base)*
❑ IPS e.max *(w/ Ti-Base)*
❑ Obsidian Pressed to Noble
❑ Obsidian Pressed to WHN

CONTOUR AND OCCLUSION DESIGN

Embrasures: ❑ Closed* ❑ Open

Occlusion: ❑ Light* ❑ Ideal ❑ Open____ mm ❑ Out

Contacts: ❑ Broad & Tight* ❑ Pinpoint ❑ Light

RESTORATION PONTIC DESIGN

❑ ❑ ❑* ❑ ❑

CERAMIC METAL DESIGN

❑* ❑ ❑ ❑ ❑

❑* ❑ ❑ ❑

Standard unless specified otherwise

IF NO OCCLUSAL CLEARANCE

❑ Call doctor ❑ Spot opposing ❑ Metal occlusion
❑ Metal island ❑ Make this a permanent note in my master file

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IMPLANT WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. Rush service available on most products but must be prescheduled (see below).

Custom Abutments and Crowns	***Days in Lab***
Custom abutment	8
Obsidian/BruxZir/IPS e.max/Prismatik CZ/Full-cast restoration	5
Obsidian/IPS e.max/Prismatik CZ/Full-cast over stock abutment	7
BruxZir over custom abutment	5
BruxZir over stock implant abutment	7
BruxZir, IPS e.max, or Obsidian screw-retained restoration	8
Overdentures and Fixed Dentures	
Custom impression tray	2
Bite block	3
BruxZir Full-Arch or implant denture transfer/wax setup try-in	5
BruxZir Full-Arch or implant denture wax setup reset	4
BruxZir Full-Arch or implant denture wax setup to finish	6
Inclusive CAD/CAM Milled Implant Bar	7
Implant verification jig	4
Wax setup try-in, implant verification jig and custom tray	11
BruxZir Full-Arch Implant Prosthesis finished	8
BioTemps Provisionals	
BioTemps Provisionals	5
BioTemps cement over implant/cast-metal substructure/ screw-retained over implant	6
Custom Healing Components	
Custom healing abutment with impression coping	3
Custom temporary abutment with impression coping	5
Prosthetic stent	3

All Restorations Made in the USA

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.*

TERMS AND WARRANTY INFORMATION

Only $7 shipping per box EACH way
(contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Glidewell Laboratories ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (4) Transition Crowns and Bridges® up to two years; (5) dentures and partials including screw-retained dentures but excluding immediate and provisional dentures, partials and flippers up to one year if the failure is due to defects in materials or workmanship; (6) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, flippers and Reflex™ Plus provisional partials up to six months; (7) Smile Transitions™ cosmetic appliances, immediate dentures, partials and flippers, retainers, surgical stents and radiographic guides, and all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of California. The lab does not guarantee the performance of independent carriers.

INCLUSIVE® CUSTOM TITANIUM AND ZIRCONIA W/TI-BASE ABUTMENTS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™	CAMLOG®	DENTSPLY Implants	Glidewell Direct	HIOSSEN®
Certain®	**SCREW-LINE**	**ANKYLOS® C/X** **ASTRA TECH** **Implant System®**	**Hahn™ Tapered** **Implant System** **Inclusive® Tapered** **Implant System**	**HG System**

Keystone Dental	Neoss®	Nobel Biocare	Straumann®	Sweden & Martina	Zimmer Dental
PrimaConnex®	**Neoss®**	**Brånemark System® RP** **NobelActive®** **NobelReplace®**	**Bone Level** **Tissue Level**	**Premium** **Shelta**	**Screw-Vent®**

INCLUSIVE® TOOTH REPLACEMENT SYSTEM IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™	CAMLOG®	DENTSPLY Implants	Glidewell Direct
Certain®	**SCREW-LINE**	**ANKYLOS® C/X** **ASTRA TECH** **Implant System®**	**Hahn™ Tapered** **Implant System** **Inclusive® Tapered** **Implant System**

HIOSSEN®	Nobel Biocare	Straumann®	Sweden & Martina	Zimmer Dental
HG System	**Brånemark System® RP** **NobelActive®** **NobelReplace®**	**Bone Level** **Tissue Level**	**Premium** **Shelta**	**Screw-Vent®**

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