

• **IMPLANT REMOVABLE Rx** •



**GLIDEWELL  
LABORATORIES**

4141 MACARTHUR BLVD. • NEWPORT BEACH, CA 92660

**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

Tooth Shade \_\_\_\_\_

Implant System \_\_\_\_\_

Implant Diameter \_\_\_\_\_ mm

Bite block

Diagnostic setup

Setup try-in

Implant verification jig

Custom tray

Reset

Final prosthesis

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

Signature \_\_\_\_\_

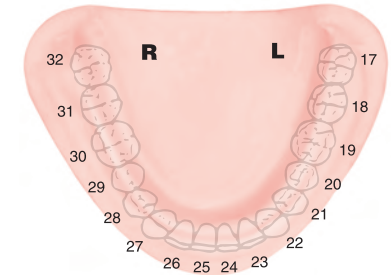
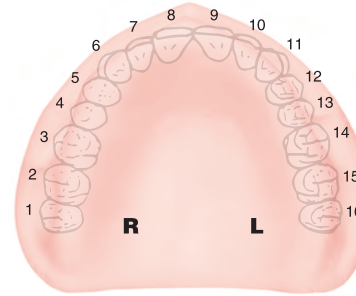
License # \_\_\_\_\_

**Tooth setup:**  Ideal  Characterized  
 Copy study model  
 Copy existing denture  
 Male  Female Age \_\_\_\_\_

**Acrylic shade:**  G1 (Standard)

Ethnic:  G2 (Lt)  G3 (Med)  G4 (Dk)

**\* PLEASE COMPLETE THIS SECTION \***  
(A-P Spread is 1.5 x A.P) First molar occlusion



DISTANCE BETWEEN ANTERIOR  
AND POSTERIOR IMPLANTS: \_\_\_\_\_ mm  
UPPER AP SPREAD X 1.5 mm: \_\_\_\_\_ mm

DISTANCE BETWEEN ANTERIOR  
AND POSTERIOR IMPLANTS: \_\_\_\_\_ mm  
LOWER AP SPREAD X 1.5 mm: \_\_\_\_\_ mm

**IMPLANT DENTURE APPLIANCE  
(CHOOSE ONE)**

- BruxZir Solid Zirconia Hybrid Bar Implant Prosthesis†**  
*(Premium teeth standard)*  
 Bite splint *(Additional fee applies)*
- Inclusive Screw-Retained Hybrid Denture†**  
*(Premium teeth standard)*
- Inclusive Locator Bar Overdenture**  
*(Premium teeth standard)*
- Inclusive Locator Overdenture**  
*(Kenson teeth standard)*
- Inclusive Mini Implant Overdenture**  
*(Kenson teeth standard)*
- Denture fully edentulous** *(Kenson teeth standard)*
- Duplicate denture**

- Kenson teeth** *(Included at no extra charge)*  
Shade \_\_\_\_\_ Mould \_\_\_\_\_
- Premium brand teeth** *(Extra charge may apply)*  
Shade \_\_\_\_\_ Brand \_\_\_\_\_ Mould \_\_\_\_\_
- Name on appliance** *(Additional charge)*  
\_\_\_\_\_

**MINI IMPLANTS WITH O-BALL HEAD**

- Ø2.2 mm  Ø2.5 mm  Ø3.0 mm
- Specify quantity of each length:
- \_\_\_\_ 10 mm      \_\_\_\_ 10 mm      \_\_\_\_ 10 mm
- \_\_\_\_ 13 mm      \_\_\_\_ 13 mm      \_\_\_\_ 13 mm
- \_\_\_\_ 15 mm      \_\_\_\_ 15 mm      \_\_\_\_ 15 mm

**PROSTHETIC STENT**

- Tooth # \_\_\_\_\_
- Fully edentulous
- Acrylic  Vacuum formed
- Pilot Holes:  Yes  No Dia: \_\_\_\_\_ mm
- Radiographic Markers:  Gutta percha  
 Barium (20%)

**DENTURE REINFORCEMENT**

- Horseshoe cast palate
  - Cast mesh 360° wraparound
- †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. 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. Working times are NOT guaranteed and do NOT include weekends or holidays.

### Days in Lab

#### **BruxZir Hybrid Bar Implant Prosthesis**

Bite block .....	3
Wax setup reset/implant verification jig.....	4
Bite splint .....	3
Final BruxZir prosthesis .....	8

#### **Screw-Retained Hybrid Denture**

Bite block .....	3
Wax setup reset/implant verification jig .....	4
Wax setup to finish .....	10
Fabricate CAD/CAM titanium framework.....	7
Final transfer of setup onto titanium framework .....	5
Process acrylic and denture teeth onto framework .....	10

#### **Locator CAD/CAM Milled Bar Overdenture**

Bite block .....	3
Wax setup reset/implant verification jig .....	4
Wax setup to finish.....	6
Fabricate CAD/CAM titanium framework and final setup.....	12
Process acrylic, denture teeth and Locator attachments .....	6

#### **Locator Implant Overdenture**

Bite block .....	3
Wax setup to finish.....	6
Wax setup reset .....	4
Process final denture including Locator processing caps .....	6



**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.

### THE BRUXZIR® HYBRID BAR IMPLANT PROSTHESIS IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

<b>BIOMET 3i™ Certain®</b>	<b>CAMLOG® SCREW-LINE</b>	<b>DENTSPLY Implants ANKYLOS® C/X ASTRA TECH Implant System®</b>	<b>Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System</b>	<b>HIOSSSEN® HG System</b>
<b>Neoss® Neoss®</b>	<b>Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®</b>	<b>Straumann® Bone Level Tissue Level</b>	<b>Sweden &amp; Martina Premium Shelta</b>	<b>Zimmer Dental Screw-Vent®</b>

### INCLUSIVE® CAD/CAM MILLED IMPLANT BARS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

<b>BIOMET 3i™ Certain® External Hex (4.1mm)</b>	<b>CAMLOG® SCREW-LINE</b>	<b>DENTSPLY Implants ANKYLOS® C/X ASTRA TECH Implant System®</b>	<b>Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System</b>	<b>HIOSSSEN® HG System</b>
<b>Keystone Dental PrimaConnex®</b>	<b>Neoss® Neoss®</b>	<b>Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®</b>	<b>Straumann® Bone Level Tissue Level</b>	<b>Sweden &amp; Martina Premium Shelta</b>
			<b>Zimmer Dental Screw-Vent®</b>	

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