**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 dentures and partials 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, up to six months; (7) Smile Transitions® cosmetic appliances, immediate dentures and partials, 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.

**GLIDEWELL LABORATORIES**

18551 Von Karman Ave • Irvine, CA 92612

**800-839-9755**

**Fax 800-411-9722**

glidewelldental.com

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**IMPORTANT INSTRUCTIONS!**

Utilize the Custom Impression Coping included in the original shipment for this patient. Complete this Rx and return to Glidewell with impression, opposing impression and bite registration.

**SELECT ABUTMENT TYPE**

**INCLUSIVE CUSTOM ABUTMENTS**

- Titanium Abutment*
- Zirconia w/ Ti-Base
- Gold-Tone Titanium Abutment

**SELECT CROWN TYPE**

- BruxZir Solid Zirconia*
- BruxZir Anterior
- IPS e.max

**SCREW-RETAINED RESTORATIONS**

- BruxZir Solid Zirconia (w/ Ti-Base)*
- BruxZir Anterior (w/ Ti-Base)
- IPS e.max (w/ Ti-Base)

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**ABUTMENT MARGIN DEPTH**

- Facial
- Lingual
- Mesial
- Distal

**If left blank, default values will be used**

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**ABUTMENT MARGIN DESIGN**

- Shoulder for IPS e.max*
- Chamfer for BruxZir*

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**ABUTMENT EMERGENCE PROFILE**

- Surgical Placement
- Tissue Displacement
- No Tissue Displacement

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**CONTOUR AND OCCLUSION DESIGN**

- Embrasures: Closed* Open
- Occlusion: Light* Ideal
  - Open ___ mm Out
- Contacts: Broad & Tight* Pinpoint Light

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**RESTORATION PONTIC DESIGN**

- Call doctor
- Spot opposing
- Make this a permanent note in my master file

*Standard unless specified otherwise

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