

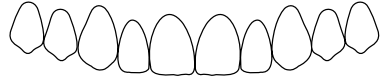
Lab Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

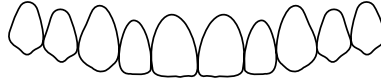
Address/Email _____ Deliver by 5 p.m. on See Reverse for Working Times

Enclosed with case: Impressions Models Bite Photos Other: _____


Rx Coping(s)/Substructure(s) Sintered Only (You stain & glaze)
 Build-up for porcelain support Finished Completely
 Indicate implant system _____ Implant diameter _____ mm

FINAL CERAMIC SHADE

 Indicate Shade Here _____

OCCUSAL STAINING
 None Light* Medium Dark

PRESENT TOOTH OR STUMP SHADE

 Indicate Shade Here _____

FINAL GINGIVAL SHADE
 G1 (Standard)
 Ethnic: G3 (Med) G4 (Dk)

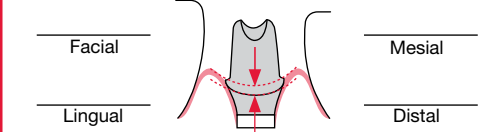
PONTIC DESIGN


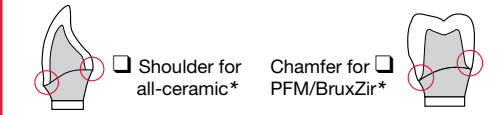
Signature _____
 I verify that a signed prescription from a licensed dentist is on file for the restoration.
 See reverse for limited warranty details.

SELECT RESTORATION TYPE
 BruxZir Full-Strength BruxZir Screw-Retained (w/ Ti-Base)
 BruxZir Anterior (stump shade recommended for restorations less than 1.5 mm thick)
 BruxZir Full-Arch Implant Prosthesis pre-stained and sintered (you stain, glaze and cement inserts)
 BruxZir Full-Arch Implant Prosthesis completely finished
 Full-Arch PMMA Provisional Implant Prosthesis completely finished
 IPS e.max IPS e.max Screw-Retained (w/ Ti-Base)
 BioTemps Transition C&B Smile Transitions
 Abutment #(s) _____ Pontic #(s) _____
 Total Units _____
 Prismatic Clinical Zirconia Obsidian Pressed to Noble
 Obsidian Pressed to Non-Precious Obsidian Pressed to White High Noble





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

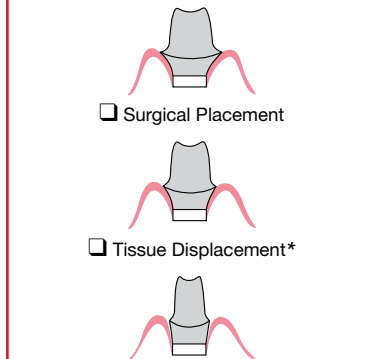
PARALLEL ABUTMENTS
 No Yes (indicate which abutments will have restorations splinted together for insertion)

ABUTMENT MARGIN DEPTH

 Facial Mesial
 Lingual Distal
 If left blank, default values will be used

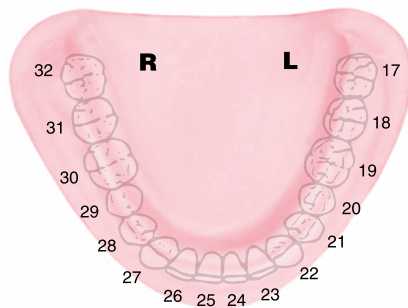
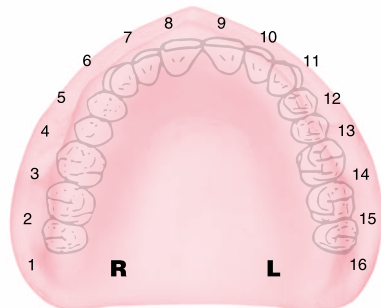
ABUTMENT MARGIN DESIGN

 Shoulder for all-ceramic* Chamfer for PFM/BruxZir*
***Standard unless specified otherwise**

SELECT BAR TYPE
INCLUSIVE IMPLANT BARS
 Locator CAD/CAM Milled Bar
 Screw-Retained Hybrid Bar

See reverse for supported implant systems
 Hybrid Montreal Type 1 Hybrid Montreal Type 2

 Fixed Implant Denture Hybrid Rectangle Milled Bar

 Hader Dolder

 GL FIB Hybrid Ellipse


ABUTMENT EMERGENCE PROFILE

 Surgical Placement
 Tissue Displacement*
 No Tissue Displacement

PLEASE COMPLETE THIS SECTION FOR IMPLANT BARS



(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 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).

	<u>Days in Lab</u>
Inclusive Custom Abutments .....	.3
Encode Custom Abutments .....	.8
BruxZir restoration.....	.5
IPS e.max restoration .....	.5
Prismatik CZ restoration.....	.5
Obsidian restoration .....	.5
Full-cast restoration.....	.5
BruxZir Screw-Retained crown .....	.7
IPS e.max Screw-Retained crown.....	.7
PFM Screw-Retained crown .....	.7
BruxZir Full-Arch Implant Prosthesis pre-stained .....	.6
BruxZir Full-Arch Implant Prosthesis finished .....	.8
PMMA Full-Arch Implant Prosthesis finished.....	.6
Locator CAD/CAD-Milled Bar.....	.8
Screw-Retained Hybrid Bar.....	.8
BioTemps.....	.5
BioTemps cement over implant/cast-metal substructure/screw-retained .....	.6
Transition Crowns & Bridges .....	.5
Smile Transitions .....	.5

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”) provides dental laboratory services (“devices”) in the belief that such devices will be useful but WITHOUT ANY WARRANTY – without even the implied warranty of MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of devices that are placed and then fail, the lab will, in its sole discretion, repair or replace such devices without charge for the cost of materials and workmanship or refund the original price paid, for a period of 90 days from the date of delivery (hereafter referred to as the lab’s “remake warranty”). The remake warranty does not cover breakage resulting from accident or misuse. The lab’s remake warranty is the lab’s sole obligation and the client’s sole remedy. You agree to pay all other costs of adjustment, repair and replacement of devices, such as but not limited to the cost of preparation or veneering. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF DEVICES, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability. You agree to indemnify and hold the lab harmless from and against any claim or demand, including reasonable attorneys fees, made by any third party due to or arising out of your use of said devices. The lab does not guarantee the performance of independent carriers. You acknowledge that limitations on liability are a usual part of business-to-business relationships, and a common practice in the dental industry, and that such limitations as specifically stated above are relied upon by the lab when establishing the cost of providing dental laboratory services to your order. All matters arising from said relationship shall be interpreted and enforced in accordance with the laws of California.

INCLUSIVE® CUSTOM TITANIUM AND ZIRCONIA W/TI-BASE ABUTMENTS ARE 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	HIOSSSEN® HG System
Keystone Dental PrimaConnex®	Neoss® Neoss®	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	Straumann® Bone Level Tissue Level	Sweden & Martina Premium Shelta
				Zimmer Dental Screw-Vent®

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

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

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

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