

• **BRUXZIR FULL-ARCH IMPLANT PROSTHESIS 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
- Full-Arch Partial-Arch (up to 7 units)
- No. of Teeth Desired _____
- Implant System _____
- Implant Diameter _____ mm
- 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 PROSTHESIS

- Complete service
- Copy mill service (Requires master cast and final wax setup)
- BruxZir Full-Arch Implant Prosthesis[†]**
(7 year warranty)
 (Precision-milled solid zirconia with tooth and gingival tissue shade;
 NOTE: Includes PMMA implant provisional)
- 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 PMMA implant provisional)

- Tooth Setup:** Ideal Characterized
 Copy study model Copy existing denture
 Add lip support
 Male Female Age _____

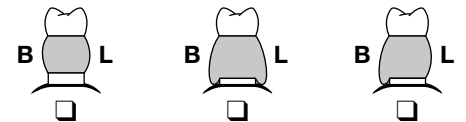
- Tooth Shade:** _____
Tissue Shade: G1 (Standard) G3 (Med)
 G4 (Dk)

- All-CAD Processing** **Bite splint**
(Eliminates wax setup) (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

Signature _____

License # _____

PONTIC DESIGN

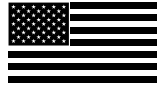
*Standard unless specified otherwise

[†]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.

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.



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.

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.

IMPLANT WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.

BruxZir Full-Arch Implant Prosthesis

Days in Lab

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

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	HIOSSEN® HG System
Neoss® Neoss®	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	Straumann® Bone Level Tissue Level	Zimmer Dental Screw-Vent®	

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