

• **BRUXZIR FULL-ARCH IMPLANT PROSTHESIS Rx** •



**GLIDEWELL LABORATORIES**

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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

**Stage of Service Needed:**

- Bite block
- Wax setup
- Implant verification jig
- Custom tray
- Reset
- PMMA provisional prosthesis
- Final BruxZir prosthesis

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

**SELECT IMPLANT PROSTHESIS**

- Complete service
- Copy mill service  
(Requires master cast and final wax setup provided by clinician)
- BruxZir Full-Arch Implant Prosthesis†**  
(7-year warranty)  
(Precision-milled solid zirconia with tooth and gingival tissue shade.  
NOTE: Complete service includes PMMA implant provisional; a duplicate PMMA provisional can be purchased for an extra fee.)
- PMMA Implant Provisional**  
(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 one PMMA implant provisional; a duplicate PMMA provisional can be purchased for an extra fee.)

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

- Tooth Shade:** \_\_\_\_\_
- Tissue Shade:**  G0 (Light)  G1 (Standard)  
 G3 (Med)  G4 (Dk)

- Bite splint** (Additional fee applies)

**ACCESS HOLES ON FACIAL**

- Call doctor  No call needed
- Provide angle correcting abutments (Extra charge applies)

**TISSUE SURFACE DESIGN**



- Convex\*  Modified Convex  Concave
- Cover exposed implant  Provide floss space

\*Standard unless specified otherwise

Signature \_\_\_\_\_

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

†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. For complete service, 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. If case includes both upper and lower arches, please allow double working time for case completion. 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

## TERMS AND WARRANTY INFORMATION

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.

**NO-FAULT REMAKE POLICY:** Glidewell Laboratories is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

**LIMITED WARRANTY/LIMITATION OF LIABILITY.** For warranty terms and conditions and limitation of liability, visit [glidewelldental.com/policies-and-warranties/](http://glidewelldental.com/policies-and-warranties/).

## 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**

**MegaGen  
AnyRidge® Implant System**

**Nobel Biocare  
Brånemark System® RP  
NobelActive®  
NobelReplace®**

**Straumann®  
Bone Level  
Tissue Level**

**Sweden & Martina  
Premium  
Shelta**

**Zimmer Dental  
Screw-Vent®**

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