



4141 MacArthur Blvd. • Newport Beach, CA 92660  
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Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Acct. # \_\_\_\_\_ Patient Name \_\_\_\_\_

First Last

Address/Email \_\_\_\_\_ **Deliver by 5 p.m. on** \_\_\_\_\_

Enclosed with Case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_

**Rx** Check here if Hahn Tapered Implant System:  
 (20% off all implant restorations)<sup>†</sup>  
 Indicate implant system \_\_\_\_\_  
 (if not Hahn) See reverse for flat-rate pricing info  
 Indicate implant diameter \_\_\_\_\_ mm  
 Please order all implant components for this case



**SHADE INSTRUCTIONS**



Tooth No. \_\_\_\_\_

Final Shade \_\_\_\_\_

Occlusal Staining:  Light\*  Med  Dark  None

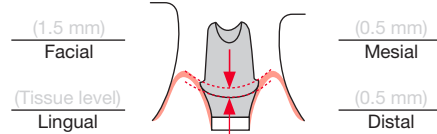
**SELECT FINAL CUSTOM ABUTMENT**

- |  |   |
|--|---|
| Choose Material                                    | Choose Abutment                           |
| <input type="checkbox"/> Titanium*                 | <input type="checkbox"/> Glidewell*       |
| <input type="checkbox"/> Gold-Colored Titanium     | <input type="checkbox"/> BIOMET 3i Encode |
| <input type="checkbox"/> Zirconia w/Ti-Base        |   |
| <input type="checkbox"/> Gold Alloy                |   |
| <input type="checkbox"/> Prepare existing abutment |   |

**PARALLEL ABUTMENTS**

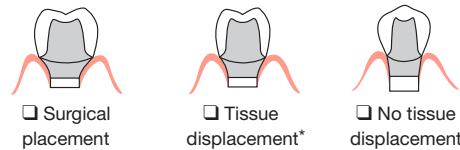
No  Yes (indicate which abutments will have restorations splinted together for insertion)

**ABUTMENT MARGIN DEPTH**



If left blank, default values will be used

**ABUTMENT EMERGENCE PROFILE**



**BIOTEMPS PROVISIONALS**

- Cementable  
 Screw-Retained  
 Reinforcement:  None  Wire  Fiber  
 Cast-Metal

**SELECT RESTORATION TYPE**

- Crown  Splinted Crowns  Bridge

**CEMENT-RETAINED RESTORATIONS**

- |   |   |
|---|---|
| <input type="checkbox"/> BruxZir Full-Strength* (> 1,000 MPa)     | <input type="checkbox"/> IPS e.max (posterior)              |
| <input type="checkbox"/> <b>NEW!</b> BruxZir Esthetic (> 900 MPa) | <input type="checkbox"/> Obsidian All-Ceramic               |
| <input type="checkbox"/> Bilayered Clinical Zirconia              | <input type="checkbox"/> Obsidian Fused to Non-Precious     |
| <input type="checkbox"/> IPS e.max (anterior)                     | <input type="checkbox"/> Obsidian Fused to Noble            |
|   | <input type="checkbox"/> Obsidian Fused to White High Noble |

**SCREW-RETAINED RESTORATIONS**

- |   |  |
|---|--|
| <input type="checkbox"/> BruxZir Full-Strength* (w/Ti-Base)       | <input type="checkbox"/> Obsidian Fused to Noble                 |
| <input type="checkbox"/> <b>NEW!</b> BruxZir Esthetic (w/Ti-Base) | <input type="checkbox"/> Obsidian Fused to White High Noble      |
| <input type="checkbox"/> IPS e.max (w/Ti-Base)                    | <input type="checkbox"/> Bilayered Clinical Zirconia (w/Ti-Base) |
| <input type="checkbox"/> Obsidian All-Ceramic (w/Ti-Base)         |  |

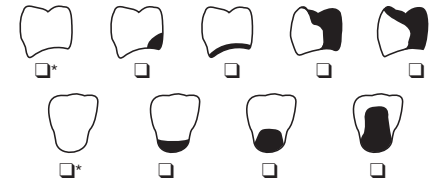
**CONTOUR AND OCCLUSION DESIGN**

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

**RESTORATION PONTIC DESIGN**



**RESTORATION METAL DESIGN**



\*Standard unless specified otherwise

**IF NO OCCLUSAL CLEARANCE**

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

Signature \_\_\_\_\_  
 Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

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

## TERMS AND WARRANTY INFORMATION



**All Restorations Made in the USA**

*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.

**NO-FAULT REMAKE POLICY:** Glidewell 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 [glidewell.com/policies-and-warranties](http://glidewell.com/policies-and-warranties).



• Hahn™ Tapered Implants



• Custom Abutments



• BruxZir® Restorations



• All-Ceramic Restorations  
• PFM Restorations

*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.*

## FLAT-RATE PRICE ON CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS IS AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

**BIOMET 3i™**  
Certain®

**CAMLOG®**  
SCREW-LINE

**DENTSPLY Implants**  
ANKYLOS® C/X  
ASTRA TECH Implant System®  
ASTRA TECH Implant System® EV

**Glidewell Direct**  
Hahn™ Tapered Implant System  
Inclusive® Tapered Implant System

**HIOSSSEN®**  
HG System

**MegaGen**  
AnyRidge®  
Implant System

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

**Straumann®**  
Bone Level  
Tissue Level

**Zimmer Dental**  
Screw-Vent®

Restorations for the implant systems above are fabricated using components manufactured by PrismaTek Dentalcraft, Inc. Prices may vary for other implant systems due to the need for original equipment manufacturer (OEM) components. Inclusive is a registered trademark of PrismaTek Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaTek Dentalcraft, Inc. All other trademarks are property of their respective owners.