FIXED RESTORATIVE RX		Dr. Name		Phone	9 #
Gidewell		Patient ID/NameAcct.			#
					. on
4141 MacArthur Blvd. • Newport Beach, CA 800-854-7256 • Fax 800-411-9722 • glid		Enclosed with case: 🔲 In	npressions 🔲 Models 🛄 Bi	te 🔲 Photos 🔲 Other	
R Implant System	Implant Dia	meter mm			
	·				Millin
				8 9 10 L.	Indicate Shade Here PRESENT TOOTH OR STUMP SHADE
					Indicate Shade Here
			R (32) 52	16 G	OCCLUSAL STAINING
			31 4 30 26 29 28 (1) 27 (2)	$ \begin{array}{c} 18 \\ 19 \\ 25 \\ 24 \\ 21 \\ 21 \\ 21 \\ 21 \\ 22 \\ 21 \\ 21 \\ 21$	RESTORATION PONTIC DESIGN \bigcirc
Signature					MARGIN AND METAL DESIGN
License # Submission of this Rx constitutes agreer					
PROVISIONAL RESTORATIONS	۱	/ENEER	ZIRCONIA REST	ORATIONS	Labial Butt 360° Butt Junction Junction
BioTemps Provisionals Reinforcement: None Wire* Fiber Cast-Metal	Obsidian veneer* IPS e.max veneer	BruxZir Esthetic veneer	(> 1000 MPa) (prep Bilayered Clinical for be	Zir Esthetic (870 MPa) aration shade recommended est results) Crowns & Bridges	
□ Transition C&B □ Smile Transitions		T ABUTMENTS			
Abutment #(s) Pontic #(s) Total units	CHOOSE MATERIAL	CHOOSE BRAND	ALL-CERAMIC RE		
Pontic #(s)Total units Splinted* Cement-On Implant	Gold-Colored Titanium		Indicate stump or present too		
Individual Units Screw-Retained Implant	□ Zirconia w/ Ti-Base		PFM		
Amount of prep reduction: 1 mm* 2 mm	Gold Alloy			Obsidian to White Noble	IF NO OCCLUSAL CLEARANCE
Perio treatment: Prepare tooth below gingival on tooth #(s) bymm		ED IMPLANT CROWNS	Obsidian to White High Noble		
Pontic site healing: Prepare ovate socket	BruxZir Full-Strength	BruxZir Esthetic IPS e.max	COMPOSITE RES	STORATIONS	 ❑ Spot opposing Would you like this to be a permanent
on tooth #(s) bymm		d, system and diameter on Rx		Fiber Reinforcement	note in your master file? Yes No

*Standard unless specified otherwise

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

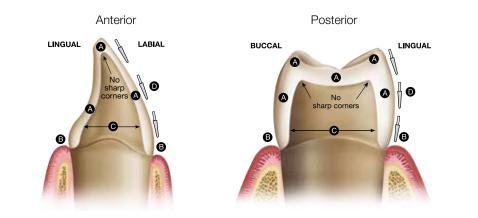
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice. Rx must 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.



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.



PREPARATION GUIDELINES

BruxZir Esthetic

- A. 1.25 mm ideal reduction (0.7 mm minimum)
- B. Chamfer or modified shoulder margins preferred
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

BruxZir Full-Strength

- A. 1.0 mm ideal reduction (0.5 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

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

BioHorizons [®] Tapered Internal	BIOMET 3i [™] Certain [®]	CAMLOG [®] SCREW-LINE	DENTSPLY Implants ANKYLOS® C/X ASTRA TECH Implant System [®] ASTRA TECH Implant System [®] EV	Glidewell Direct Glidewell HT [™] Implant System Hahn [™] Tapered Implant System Inclusive [®] Tapered Implant System	HIOSSEN [®] HG System
MegaGe AnyRidge [®] Impla		MIS [®] C1 Implant System	Nobel Biocare Brånemark System [®] RP NobelActive [®] NobelReplace [®]	Straumann [®] Bone Level Bone Level SC Tissue Level	Zimmer Dental Screw-Vent [®]

Restorations for the implant systems above are fabricated using components manufactured by Prismatik 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 Prismatik Dentalcraft, Inc. All other trademarks are property of their respective owners.