Glidewell Signature™

4141 MacArthur Blvd. • Newport Beach, CA 92660
800-854-7256 • Fax 800-411-9722 • glidewell.com

Dr. Name _____ Phone # _____

Patient ID/Name _____ Acct. # _____
First Last

SELECT PHASE

Phase 1: Start Here

❑ **Diagnostic Wax-Up**
Must upload two patient smile photos to myaccount.glidewelldental.com

Design:
- ❑ Ideal
- ❑ Custom *(Use Design section)*

Phase 2: Optional

❑ **BioTemps Provisionals**
Must upload two patient smile photos to myaccount.glidewelldental.com

Construction:
- ❑ Splinted* #(s)
- ❑ Individual unit #(s)

Reinforcement:
- ❑ None ❑ Wire* ❑ Fiber

Design:
- ❑ Proceed with design from Diagnostic Wax-Up
- ❑ Adjust design *(Use Design section)*

Final Phase

❑ **Final Restoration**
Must upload two patient smile photos to myaccount.glidewelldental.com

Restorative Material:
- ❑ **NEW!** BruxZir Glass (Lithium Disilicate 500 MPa, Zirconia > 1,000 MPa)
- ❑ BruxZir Fusion (Veneer 778 MPa, Core > 1,000 MPa)
- ❑ BruxZir Esthetic (870 MPa)
- ❑ BruxZir Full-Strength (>1,000 MPa)
- ❑ IPS e.max (500 MPa)

Design:
- ❑ Proceed with design from BioTemps proposal
- ❑ Adjust design *(Use Design section)*

CASE DETAILS

Tooth Number #(s) _____ to _____
Abutment #(s) _____
Pontic #(s) _____
Veneer #(s) _____
Extract #(s) _____
Open bite _____mm anteriorly
Perio treatment: Prepare tooth below gingival on tooth #(s) _____ by_____ mm
Pontic site healing: Prepare ovate socket on tooth #(s) _____by _____ mm

DESIGN

SHADE INSTRUCTIONS

Indicate Shade Here

OCCLUSAL STAINING

❑ Light* ❑ Medium ❑ Dark ❑ None

INCISAL SHAPE INSTRUCTIONS

❑ Rounded ❑ Squared ❑ Pointed

MIDLINE CORRECTION

0

PONTIC DESIGN

❑ ❑ ❑* ❑ ❑

Enclosed with Case: ❑ Impressions ❑ Models ❑ Bite
❑ Impressions of adjusted D-Wax or BioTemps
❑ Other: _____

WEB Rx Due Date _____

Signature _____

License _____ Date _____

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*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.

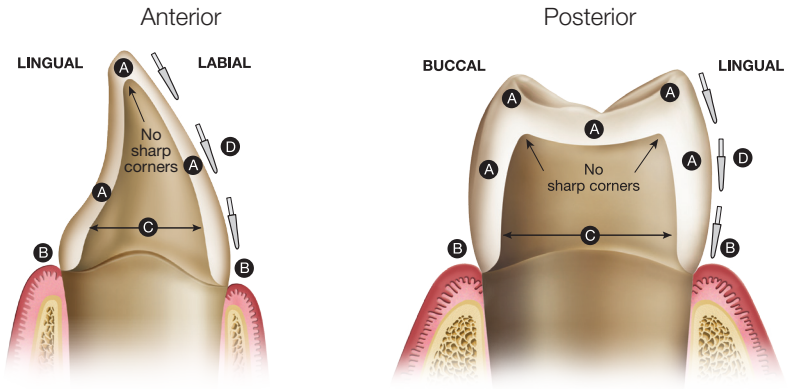
NO-FAULT REMAKE POLICY: Glidewell is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit ***glidewell.com/policies-and-warranties***.

- **BruxZir Restorations**
- **All-Ceramic Restorations**
- **PFM Restorations**
- **BioTemps® Provisionals**

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 Glass

A. 2.0 mm incisal reduction (1.5 mm minimum), 1 mm facial reduction
B. Chamfer or shoulder margins required
C. Rounded external walls, and axial walls must be convergent (avoid undercuts)
D. 3 planes of reduction required on facial surfaces
E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

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