

IMPLANT RX



Dr. Name _____ Phone _____

Patient Name _____ Age _____ Male/Female _____

Address _____ City/State/Zip _____

Date _____ Deliver by 5 p.m. on _____

Notes:

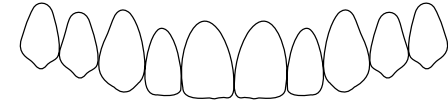


SCAN FOR DIGITAL CASE SUBMISSION INSTRUCTIONS

Glidewell is a certified TRI Matrix manufacturing center.

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SHADE INSTRUCTIONS



Tooth No. _____

Final Shade _____

Occlusal Staining: Light* Med Dark None

SCREW-RETAINED RESTORATION

- BruxZir Full-Strength (Finished/Unfinished)
BruxZir Esthetic (Finished/Unfinished)

BRUXZIR IMPLANT PROSTHESIS (ALL ON X)

- Complete Service / Copy Mill
BruxZir Implant Prosthesis (Full-Strength)
BruxZir Esthetic Implant Prosthesis
Provisional Implant Prosthesis

GINGIVAL SHADE

- G00 (Lightest) G0 (Light) G1 (Standard)
G3 (Medium) G4 (Dark) G5 (Darkest)

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