BRUXZIR PROMOTIONAL RX



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

SPECIAL RX OFFER*

- 1. Carefully package your case, including this Rx, and tape box securely closed.
- 2. To schedule shipping pickup, call us at 800-854-7256.
- 3. Please allow five working days in lab.
- 4. Save 50% off the list price of BruxZir restorations (up to 3 units).

Offer expires Dec. 31, 2024. *Price does not include shipping or applicable taxes. Limit three units per case. Offer applicable for a maximum of one specially priced Rx per account for specified products only. Not valid with any other offer. New BruxZir users only.

Dr. Name						Ac	ct. #	CHOOSE PRODUCT		
Address	City/State/ZIP								☐ BruxZir Full-Strength** (> 1,000 MPa) ☐ NEW! BruxZir Esthetic (870 MPa)	
Patient ID/Name	Firs	-4	Oity/Sta	Last Age					- Establis (676 Mil d)	
Deliver by 5 p.m. on					Lasi	Call before starting case			FINAL CERAMIC SHADE	
Enclosed with case:	☐ Impressions	☐ Bite	☐ Models	☐ Articulator	☐ Shade Tab	☐ D-Wax	☐ Pre-Op Models	☐ Photos		
WEB R _x	50% off BruxZir				NOTE: Please send a study model on all work involving anterior teeth.			on all work	Indicate Shade Here	
	* D R M A 8	 						12 13 14	PRESENT TOOTH OR STUMP SHADE	
	Exp. 12/31/24						6 7 10 11 (5) 6 12 13 14 14		00000000	
									Indicate Shade Here	
					2	2	15	OCCLUSAL STAINING Light**		
						R	32	L 17 8	INCISAL SHAPE INSTRUCTIONS	
						F.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		☐ Rounded ☐ Squared ☐ Pointed	
						27) (22 (2)		5	PONTIC DESIGN	
Signature				Licens	e#		Date		**Standard unless specified otherwise	
									Glandaru uniess specineu olnerwise	

TERMS AND WARRANTY INFORMATION



We honor VISA, MASTERCARD, AMEX and DISCOVER.

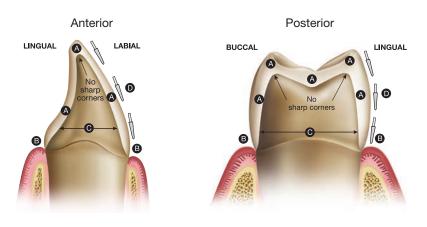


TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice.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

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

THE JIM GLIDEWELL SIGNATURE ANTERIOR SERIES

Choose the desired esthetic outcome for your patient
SQUARE-TAPERED
SOFT-SQUARED
OVOID

Exemplify boldness and youthfulness.
Show energetic professionalism.
Convey charm and softness.

TRAPEZOID
SQUARED
TRIANGLE-TAPERED

Demonstrate confidence.
Strike an athletic tone.
Exhibit mature experience.