



4141 MacArthur Blvd. • Newport Beach, CA 92660  
800-854-7256 • Fax 800-411-9722 • [glidewell.com](http://glidewell.com)

Dr. Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Patient ID/Name \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_  
Deliver by 5 p.m. on \_\_\_\_\_ ☐ Call before starting case

### SHIPPING AND WORKING TIMES

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule shipping pickup, call us at **800-854-7256** or log in to [myaccount.glidewell.com](http://myaccount.glidewell.com)
- Please allow five working days in lab.

Enclosed with case: ☐ Impressions ☐ Bite ☐ Models ☐ Articulator \_\_\_\_\_  
☐ Shade Tab ☐ D-Wax ☐ Pre-Op Models  
**Please Include Patient Photos:** ☐ Full-face Smile ☐ Full-face Retracted

#### FINAL CERAMIC SHADE



Indicate Shade Here

#### PRESENT STUMP SHADE



Indicate Shade Here

#### INCISAL LOBE DESIGN



☐ Less ☐ Light\* ☐ Heavy ☐ None

#### INCISAL TRANSLUCENCY



☐ Less ☐ Light\* ☐ Heavy

#### ANTERIOR DESIGN STYLE



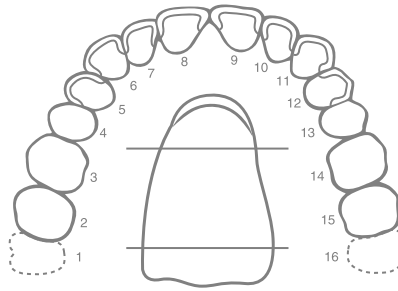
☐ Triangle ☐ Round ☐ Square

#### ANATOMICAL SURFACE TEXTURE

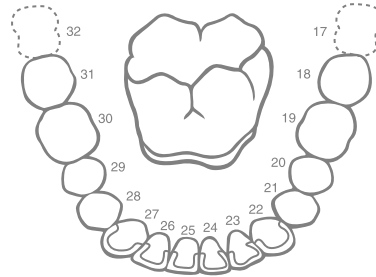
☐ None ☐ Light\* ☐ Medium

## WEB Rx

**NEW!** Fusion with BruxZir: (778MPa)



Shade  
Specifics



#### OCCLUSAL STAINING

☐ None ☐ Light\* ☐ Medium ☐ Dark

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

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

## 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).

## THE JIM GLIDEWELL SIGNATURE ANTERIOR SERIES

Choose the desired esthetic outcome for your patient

**SQUARE-TAPERED**



Exemplify boldness and youthfulness.

**SOFT-SQUARED**



Show energetic professionalism.

**OVOID**



Convey charm and softness.

**TRAPEZOID**



Demonstrate confidence.

**SQUARED**



Strike an athletic tone.

**TRIANGLE-TAPERED**



Exhibit mature experience.