BRUXZIR GLASS RX



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

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

SHIPPING AND WORKING TIMES

- 1. Carefully package your case, including this Rx, and tape box securely closed.
- 2. To schedule shipping pickup, call us at 800-854-7256 or log in to myaccount.glidewelldental.com
- 3. Please allow five working days in lab.

Enclosed with case: ☐ Impressions	□ Bite	□ Models	□ Articulator
☐ Shade Tab ☐ D-Wax ☐ Pre-Op		- 11100010	
Please Include Patient Photos:	Full-face	Smile 🖵 F	Full-face Retracted

FINAL CERAMIC SHADE



PRESENT STUMP SHADE



INCISAL LOBE DESIGN











☐ Less ☐ Light* ☐ Heavy ☐ None

INCISAL TRANSLUCENCY







□ Less □ Light* □ Heavy

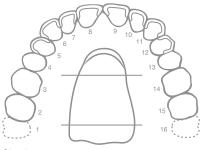
ANTERIOR DESIGN STYLE



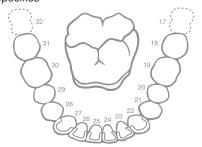
,	_	mangle	☐ Hourid	- Square

ANATOMICAL SURFACE TEXTURE

□ None	□ Light*	Medium
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Shade Specifics



OCCLUSAL STAINING

□ None □ Light □ Medium □ Dark

NEW! BruxZir Glass (Lithium Disilicate > 400 MPa, Zirconia > 1,000 MPa)

WEB Rx

Signature I	License #	Date
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TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

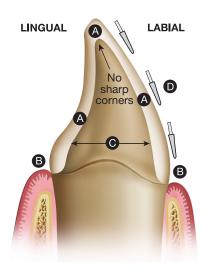


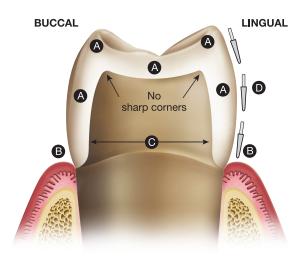
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice.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





- A. 2.0 mm incisal reduction (1.75 mm minimum), 1 mm facial reduction (0.8 mm minimum)
- 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