BRUXZIR RADIANT RX



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

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.glidewelldental.com

Dr. Name							Acct. #		FINAL CERAMIC SHADE
	City/Stat me First D.m. on				Last Call before starting case				00000000
Enclosed with case:	Impressions	🗅 Bite	□ Models	C Articulator	□ Shade Tab	D-Wax	Pre-Op Models	□ Photos	Indicate Shade Here
WEB Ŗ	* Q K P E S) 5 ×		Model otos				10 11 12 13 14	PRESENT TOOTH OR STUMP SHADE
			 Full-face Retracte Stump Shade 	Retracted			2 1 R 32 31 26 29 28 27	15 16 L 17 18 19 19 19 19 19 19 19 19 19 19	OCCLUSAL STAINING
									INCISAL SHAPE INSTRUCTIONS
								_	PONTIC DESIGN χ χ χ χ
Signature				Lice	ense #		Date		"Standard unless specified otherwise

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

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.

