BRUXZIR GLASS RX

Glidewell

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

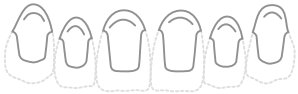
1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule shipping pickup, call us at **800-854-7256** or log in to **myaccount.glidewelldental.com**
3. Please allow five working days in lab.

Enclosed with case: ❑ Impressions ❑ Bite ❑ Models ❑ Articulator _____
❑ Shade Tab ❑ D-Wax ❑ Pre-Op 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

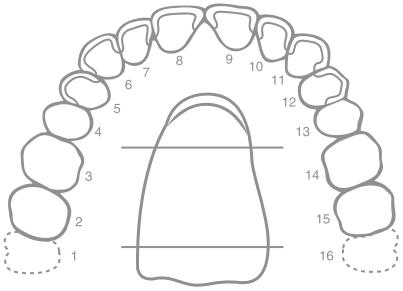
❑ Less ❑ Light* ❑ Heavy

ANTERIOR DESIGN STYLE

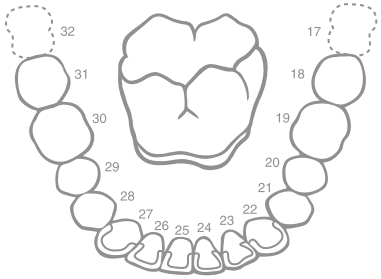
❑ Triangle ❑ Round ❑ Square

ANATOMICAL SURFACE TEXTURE

❑ None ❑ Light* ❑ Medium



Shade Specifics



OCCLUSAL STAINING

❑ None ❑ Light* ❑ Medium ❑ Dark

WEB Rx

NEW! BruxZir Glass (Lithium Disilicate > 500 MPa, Zirconia > 1,000 MPa)

* C X X R 2 5 *

Signature _____ License #_____ Date_____

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

*Standard unless specified otherwise

TERMS AND WARRANTY INFORMATION

All Restorations Made in the USA

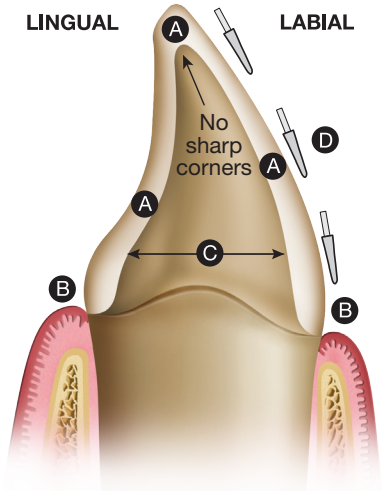
We honor VISA, MASTERCARD, AMEX and DISCOVER.

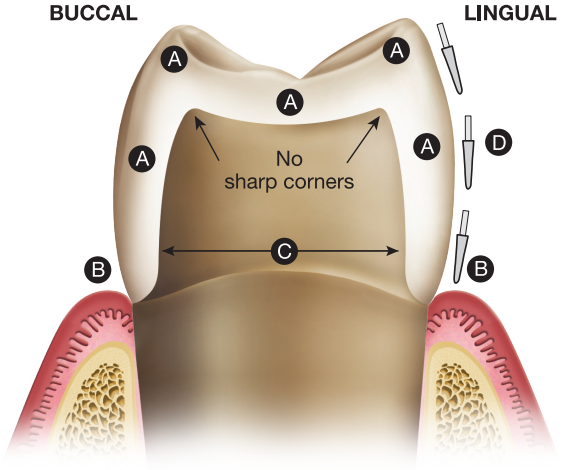
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. ***Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.*** Prices subject to change without notice.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