



4141 MacArthur Blvd. • Newport Beach, CA 92660
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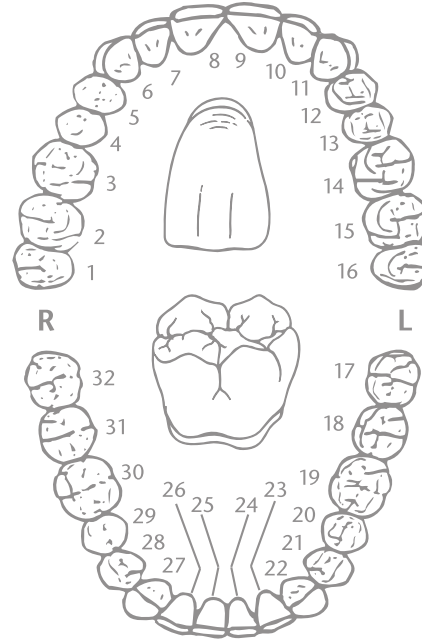
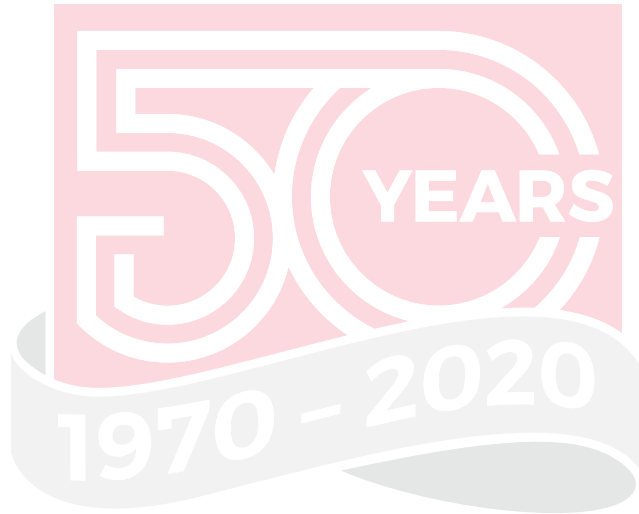
Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

Address/Email _____ **Deliver by 5 p.m. on** See Reverse for Working Times

Enclosed with case: Impressions Models Bite Photos Other: _____

Rx Implant System _____ Implant Diameter _____ mm
(If applicable)



FINAL SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

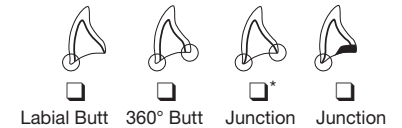
OCCUSAL STAINING

None Light* Medium Dark

PONTIC DESIGN



MARGIN AND METAL DESIGN



*Standard unless specified otherwise

COMPOSITE RESTORATIONS

Composite
 Fiber Reinforcement

IF NO OCCLUSAL CLEARANCE

Call doctor Metal island
 Spot opposing Make this a permanent note
 Metal occlusion

Signature _____ License # _____ Date _____
(see reverse for limited warranty details)

CUSTOM ABUTMENTS

Titanium* Gold-Tone Titanium
 Zirconia w/ Ti-Base BIOMET 3i Encode
 Prepare existing abutment Gold Alloy
See reverse for supported implant systems

ZIRCONIA RESTORATIONS

BruxZir Full-Strength* (1,150 MPa)
 NEW! BruxZir Esthetic (870 MPa) (stump shade recommended for restorations less than 1.5 mm thick)
 Lava Crowns & Bridges Bilayered Clinical Zirconia

VIVANEER VENEERS

Obsidian veneer* **NEW!** BruxZir Esthetic veneer
 IPS e.max veneer Layered IPS e.max veneer

PFM

Obsidian to Non-Precious* Obsidian to White Noble
 Obsidian to White High Noble Porcelain to OcclusalGold YHN

ALL-CERAMIC RESTORATIONS

IPS e.max (anterior) Obsidian All-Ceramic* IPS e.max (posterior)
Indicate stump or present tooth shade for all-ceramics

SCREW-RETAINED RESTORATIONS

BruxZir Full-Strength* (w/ Ti-Base) **NEW!** BruxZir Esthetic (w/ Ti-Base)
 Obsidian Fused to White Noble IPS e.max (w/ Ti-Base)
 Obsidian Fused to WHN Bilayered Zirconia (w/ Ti-Base)
Specify implant brand, system and diameter on Rx

FULL-CAST RESTORATIONS

Noble-Cast 45 YN (40% Au) Noble-Cast 60 YHN (57.5% Au)*
 OcclusalGold YHN (73.8% Au) Non-Precious White Noble
 WHN (40% Au) Post & Core

PROVISIONAL RESTORATIONS

BioTemps Provisionals
 Reinforcement: None Wire* Fiber
 Cast-Metal
 Transition C&B Smile Transitions

Abutment #(s) _____ Total units _____
 Pontic #(s) _____

Splinted* Cement-on Implant
 Individual Units Screw-Retained Implant
 Amount of prep reduction: 1 mm* 2 mm

Perio treatment: Prepare tooth below gingival on tooth #(s) _____ by _____ mm
 Pontic site healing: Prepare ovate socket on tooth #(s) _____ by _____ mm

IN-LAB WORKING TIMES

Please allow full working time for each product selected. Working times are **NOT** guaranteed and do **NOT** include weekends or holidays. Rush service available on most products but must be prescheduled (see below).

Obsidian PFM.....	5 days
Diagnostic wax-up	5 days
Obsidian w/ attachments.....	7 days
Custom abutments.....	8 days
All-ceramic/zirconia restorations	5 days
Full-cast restorations.....	5 days
Composite restorations.....	3 days
Fiber-reinforced composites.....	5 days
BioTemps Provisionals.....	5 days
With cast-metal substructure	6 days
With cast-metal substructure over implant	6 days
Screw-retained over implant	6 days
Smile Transitions appliance	7 days
Transition Crowns & Bridges	6 days
Lava	5 days

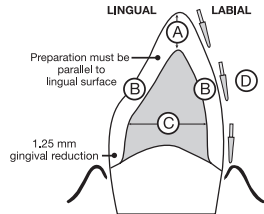
Partials & Dentures

Metal frames	6 days
Metal frame with teeth and wax.....	11 days
Metal partial to finish.....	12 days
Occlusion rims/Custom tray	3 days
Denture setup try-in.....	5 days
Denture try-in to finish	5 days
Valplast/tcs setup teeth in wax.....	5 days
Valplast/tcs start to completion.....	7 days
Denture soft liner/acrylic repair or reline.....	5 days
Partial repair/reline.....	5 days
Vivaneer Veneers.....	5 days

All rush cases must be prescheduled by calling 800-944-7874 before the case is shipped.
Time of pickup and delivery may affect turnaround time.

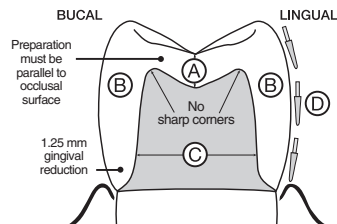
PREPARATION GUIDELINES

OBSIDIAN TO METAL ANTERIOR



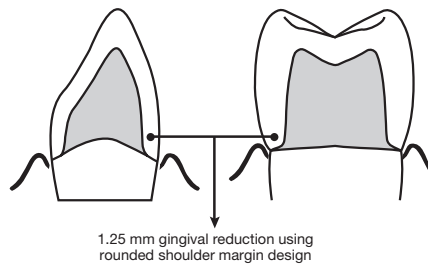
- A. 2.0 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

OBSIDIAN TO METAL POSTERIOR

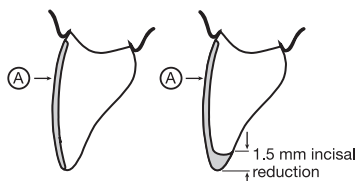


- A. 2.0 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

OBSIDIAN TO METAL - CERAMIC LABIAL OR 360° MARGIN

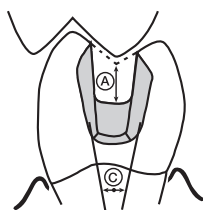


ALL-CERAMIC/COMPOSITE VENEERS



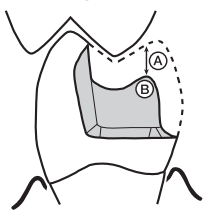
- A. 0.3 to 1 mm labial reduction

INLAY

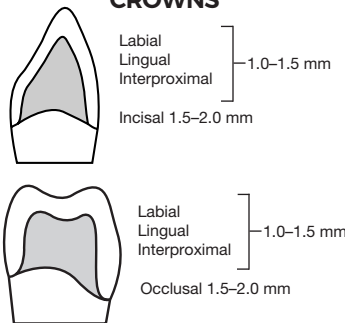


- A. 1.5 to 2.0 mm occlusal reduction
- B. Round all sharp line angles and occlusal edges, and eliminate undercuts
- C. Proximal and occlusal walls should have 6-8 degrees taper

ONLAY



ALL-CERAMIC/COMPOSITE CROWNS



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 dental.com/policies-and-warranties.

CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

**BIOMET 3i™
Certain®**

**CAMLOG®
SCREW-LINE™**

**Dentium®
Implantium®†
SimpleLine® II†
SuperLine®†**

**DENTSPLY Implants
ANKYLOS® C/X'
ASTRA TECH Implant
System®
ASTRA TECH Implant
System® EV**

**Glidewell Direct
Hahn™ Tapered
Implant System†
Inclusive® Tapered
Implant System†**

**HIOSSEN®
HG System™**

**Keystone Dental
PrimaConnex®†**

**MegaGen
AnyRidge®
Implant
System†**

**Neoss®
Neoss®
Implant
System†**

**Nobel Biocare
Brånemark System® RP†
NobelActive®
NobelReplace®**

**Straumann®
Bone Level†
Tissue Level†**

**Sweden & Martina
Premium†
Shelta†**

**Zimmer Dental
Screw-Vent®**

*Manufactured using Inclusive® components. †Manufactured using original equipment manufacturer (OEM) components. Inclusive is a registered trademark of PrismaTik Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaTik Dentalcraft, Inc. All other trademarks are property of their respective owners. For Dentium implant systems, only titanium custom abutments are available.