# **UNIVERSAL RX**





Dr. Name		Phone #			
Acct. #	Patient ID/Name				
			First	Last	
Address/Email	Del	iver by 5 p.m. on	See Rev	erse for Working Times	

11 MacArthur Blvd. • Newport Beach, CA 92660  3-278-0414 • Fax 800-411-9722 • glidewell.com Address/Email			Deliver by 5 p.m. on	
•				FINAL SHADE
•				STUMP SHADE  Must indicate prepped tooth shade for all-ceramics
				OCCLUSAL STAINING  □ None □ Light* □ Medium □ Dark
Signature(Submission of this Ry constitutes agreement with lie	mited warranty terms and conditi	tions Soo	everse for details	PONTIC DESIGN  C  C  C  C  C  C  C  C  C  C  C  C  C
(Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.)  cense # Date				MARGIN/METAL DESIGN
Enclosed with case: Impressions Models Bite	Photos Other:  Shipment Purpose R - Remake/Adjust/Processing C - Credit N - New	QTY	Value USD\$	Labial Butt Junction Junction
Impression / Bite				□ □ □ Excluding Including
Models				
Articulator				IF NO OCCLUSAL CLEARANCE  □ Call doctor □ Spot opposing
Partial / Denture				☐ Metal occlusion ☐ Metal island
Thermoforming Appliances				☐ Make this a permanent note in my master file
Crown / Bridge / Inlay / Onlay / Veneer				
Crown / Bridge / Inlay / Onlay / Veneer  If item is not listed above, or if item is Non-Glidewell origin, please email We are unable to import non-Glidewell fabricated restorations into the I FDA registration details. For FAQ please reference Canadian Cus	U.S. In addition, implant components	require	Case ID (Applicable for Returns)	

**FINAL SHADE** ZIRCONIA/ALL-CERAMIC **RESTORATIONS** ☐ BruxZir Full-Strength\* (> 1,000 MPa) ☐ IPS e.max ☐ Bilayered Clinical Zirconia STUMP SHADE **VENEER** prepped tooth shade for all-ceramics ☐ IPS e.max veneer\* **CERAMO-METAL & PFMS** ☐ Obsidian Fused to Non-Precious\* ☐ Obsidian Fused to White Noble **CLUSAL STAINING** ☐ Obsidian Fused to WHN ☐ Light\* ☐ Medium ☐ Dark ☐ Porcelain fused to OcclusalGold YHN PONTIC DESIGN **FULL-CAST RESTORATIONS** □ Noble-Cast 45 YN (40% Au) □ Noble-Cast 60 YHN (57.5% Au)\* ■ Non-Precious □\* ☐ White Noble GIN/METAL DESIGN □ WHN (40% AU) □ Post & Core □\* Junction **COMPOSITE RESTORATIONS** Junction ☐ Composite ☐ Fiber Reinforcement **PROVISIONAL RESTORATIONS** Including luding ☐ Transition C&B Abutment #(s)\_ CCLUSAL CLEARANCE Pontic #(s)\_ □ Spot opposing □ Splinted\* ☐ Individual units

\_Total units\_

☐ Cement-on implant

Amount of prep reduction: ☐ 1 mm\* ☐ 2 mm ☐ Perio treatment: Prepare tooth below gingival

☐ Pontic site healing: Prepare ovate socket

on tooth #(s) \_

on tooth #(s) \_

☐ Screw-retained implant

by \_\_\_\_\_

\*Standard unless specified otherwise

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BEFORE SHIPPING, PUT THIS LABEL ON OUTSIDE OF CASE BOX

#### **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).

All-ceramics/fiber-reinforced composites	9 days
Diagnostic wax-up	9 days
Composites	7 days
Transition Crowns & Bridges	10 days
Ceramo-metal & PFMs	9 days
Full-cast restorations	7 days

All rush cases must be prescheduled by calling **888-278-0414** before the case is shipped. Time of pickup and delivery may affect turnaround time.

#### TERMS AND WARRANTY INFORMATION



# All Restorations Made in the USA

# We honor VISA, MASTERCARD, AMEX and DISCOVER.

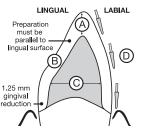
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice. Rx must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

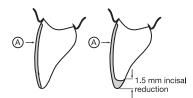
#### PREPARATION GUIDELINES

### **OBSIDIAN FUSED TO METAL ANTERIOR**



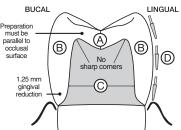
- A. 2.0 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

# ALL-CERAMIC/COMPOSITE **VENEERS**



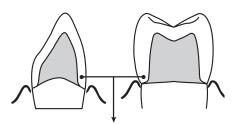
A. 0.3 to 1.0 mm labial reduction

### **OBSIDIAN FUSED 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 FUSED TO METAL -CERAMIC LABIAL OR 360° MARGIN**



1.25 mm gingival reduction using rounded shoulder margin design

# **INLAY ONLAY**



- 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

### ALL-CERAMIC/COMPOSITE **CROWNS**

