



22027 70th Ave. S • Kent, WA 98032
 833-814-7878 • Fax 978-313-6374 • glidewell.com/local

UNIVERSAL RX OFFER

- Carefully package your case, including this Rx, and tape securely closed.
 - To schedule a pickup, call us at **833-814-7878**.
 - Please allow up to 3 working days in lab for digital BruxZir cases and up to 5 working days in lab for traditional BruxZir cases.
 - Please allow up to 4 working days in lab for all Comfort H/S cases.
- † Glidewell Twinpak is valid for two appliances of the same kind for the same patient.*

Dr. Name _____ Acct. # _____

Address _____ City/State/ZIP _____

Patient ID/Name _____ Age _____

First _____ Last _____

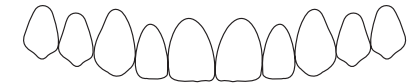
Deliver by 5 p.m. on _____ Call before starting case

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

CHOOSE PRODUCT

- BruxZir Full-Strength* (> 1,000 MPa)
 NEW! BruxZir Esthetic (870 MPa)

FINAL CERAMIC SHADE



Indicate Shade Here _____

PRESENT TOOTH OR STUMP SHADE

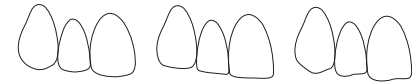


Indicate Shade Here _____

OCCUSAL STAINING

- Light* Med Dark None

INCISAL SHAPE INSTRUCTIONS



- Rounded Squared Pointed

PONTIC DESIGN

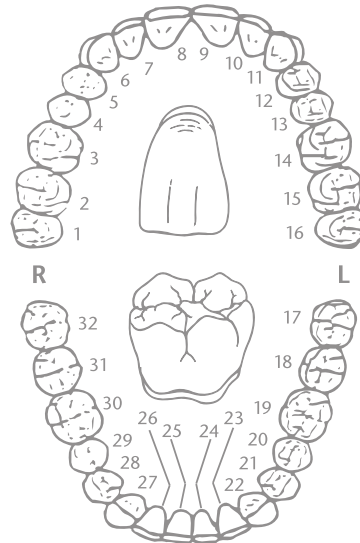


**Standard unless specified otherwise*

WEB Rx



NOTE: Please send a study model on all work involving anterior teeth.



UPPER AND LOWER IMPRESSIONS OR MODELS WITH BITE REGISTRATION REQUIRED

(CHOOSE ONE)

- Upper Arch Lower Arch

- Clear Blue Pink

- Comfort H/S (hard with soft reline)
 Comfort H/S Glidewell Clinical Twinpak†

Signature _____ License # _____ Date _____

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

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.



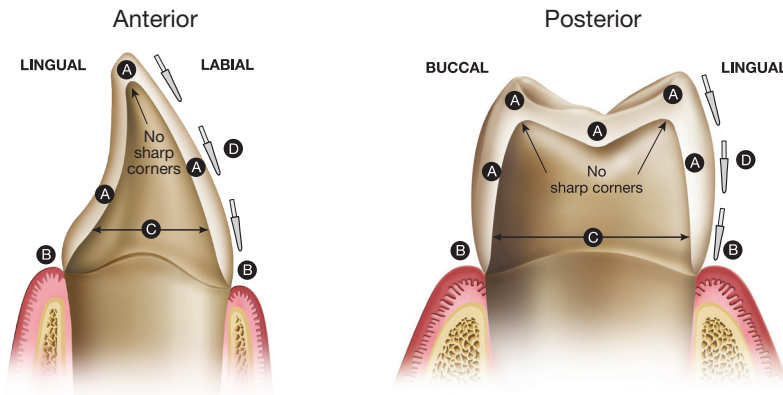
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice.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



BruxZir Esthetic

- A. 1.25 mm ideal reduction (0.7 mm minimum)
- B. Chamfer or modified shoulder margins preferred
- 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

BruxZir Full-Strength

- A. 1.0 mm ideal reduction (0.5 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- 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

THE JIM GLIDEWELL SIGNATURE ANTERIOR SERIES

Choose the desired esthetic outcome for your patient

SQUARE-TAPERED



Exemplify boldness and youthfulness.

SOFT-SQUARED



Show energetic professionalism.

OVOID



Convey charm and softness.

TRAPEZOID



Demonstrate confidence.

SQUARED



Strike an athletic tone.

TRIANGLE-TAPERED



Exhibit mature experience.