

BRUXZIR IMPLANT PROSTHESIS RX

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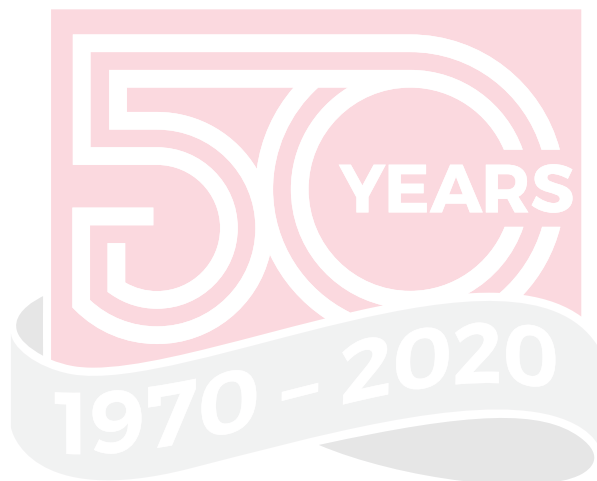
Dr. Name _____ Acct. # _____

Phone # _____ 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: _____**R_x****Implant Information**

Tooth #	Diameter	Implant System
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____

☐ Upper ☐ Lower**Tooth Shade**
_____**Gingival Shade**
_____☐ G0 (Light)☐ G1 (Standard)☐ G3 (Med)☐ G4 (Dk)**Stage of Service Needed:**☐ Wax rim☐ Implant verification jig (IVJ)☐ Wax setup☐ Reset☐ Provisional implant
prosthesis☐ Final BruxZir prosthesis
(see reverse for compatible implant
systems and limited warranty details)**SELECT IMPLANT PROSTHESIS**☐ **Complete service**☐ **Copy mill service**

(Requires master cast and final wax setup provided by clinician; prosthesis will be an exact copy of your wax setup)

☐ **BruxZir Implant Prosthesis (Full-Strength)[†]**
(7-year warranty)

(Precision-milled solid zirconia with tooth and gingival tissue shade. NOTE: Complete service includes provisional implant prosthesis; a duplicate provisional can be purchased for an extra fee.)

☐ **BruxZir Esthetic Implant Prosthesis[†]**
(7-year warranty)

(Precision-milled esthetic solid zirconia with tooth and gingival tissue shade. NOTE Complete service includes provisional implant prosthesis; a duplicate provisional can be purchased for an extra fee.)

☐ **Provisional Implant Prosthesis**

(Provisional with tooth and gingival tissue shade)

Tooth Setup: ☐ Ideal ☐ Characterized☐ Copy study model ☐ Copy existing denture☐ Add lip support☐ Male ☐ Female Age _____☐ **Bite splint** (Additional fee applies)**TISSUE SURFACE DESIGN**☐ Convex*☐ Modified Convex☐ Cover exposed implant☐ Provide floss space[†]Price may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system. No additional charge for multi-unit abutments. For complete service, half of payment is due after first appointment; half is due at final delivery.

Signature _____

(see reverse for limited warranty details)

License # _____ Date _____

IMPLANT WORKING TIMES

Please allow full working time for each product selected. If case includes both upper and lower arches, please allow double working time for case completion. Working times are NOT guaranteed and do NOT include weekends or holidays.

BruxZir® Implant Prosthesis

Days in Lab

Implant verification jig, custom tray and wax rim	9
Wax setup.....	5
Provisional implant prosthesis	6
Final prosthesis	8

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.



**All Restorations
Made in the USA**

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 Laboratories 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 glidewelldental.com/policies-and-warranties.

THE BRUXZIR IMPLANT PROSTHESIS IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

**BIOMET 3i™
Certain®**

**CAMLOG®
SCREW-LINE**

**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**

**MegaGen
AnyRidge® Implant System**

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

**Straumann®
Bone Level
Tissue Level**

**Sweden & Martina
Premium
Shelta**

**Zimmer Dental
Screw-Vent®**

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