



Carrera 22 #81-95, Polo Club • Bogotá, Colombia

01-800-950-6028

co.glidewelldental.com

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____

City/State/ZIP

Patient Name _____ Male Female

First

Last

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

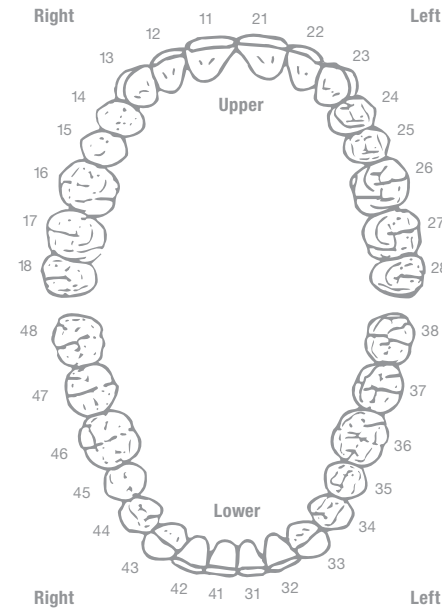
Rx SPECIFIC INSTRUCTIONS

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

- BruxZir Anterior Solid Zirconia (650 MPa)
- BruxZir Full-Strength Solid Zirconia (1,150 MPa)



TOOTH NUMBER



FINAL SHADE

Indicate Shade Here

STUMP SHADE

Indicate Shade Here

BruxZir Anterior (stump shade recommended for restorations less than 1.5 mm thick)

OCCLUSAL STAINING

- None Light*
- Medium Dark

PONTIC DESIGN



BITE SPLINTS

- Upper* Lower
- Comfort H/S Bite Splint*
 - Color options: Clear* Blue Green Pink
- Comfort Bite Splint (hard)
 - Color options: Clear* Turquoise
- Soft Bite Splint

ENCLOSED WITH CASE

- Impression Bite Models
- Articulator Photos
- Other: _____

*Standard unless specified otherwise

Signature _____

License # _____ Date _____

TERMS AND WARRANTY INFORMATION

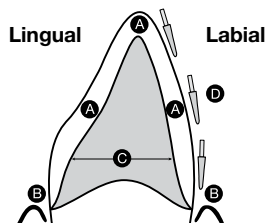
All restorations made in Colombia.

We honor VISA, MASTERCARD, AMEX and DISCOVER.

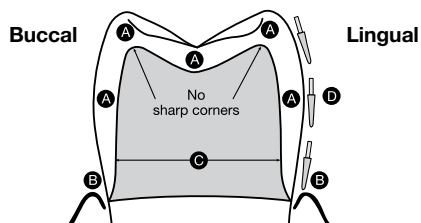
TERMS: Cost of collection of any account will be paid by the customer. *All accounts are payable within 15 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.* Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Glidewell Colombia ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and **MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (4) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (5) Smile Transitions™ cosmetic appliances, immediate dentures and partials, flippers, retainers, surgical stents and radiographic guides, and all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab **WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL,** regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of Colombia. The lab does not guarantee the performance of independent carriers.

BruxZir® Anterior Preparation Guidelines

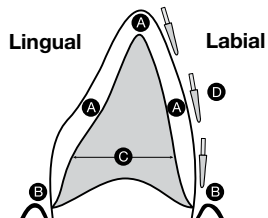


- A. 1.25 mm ideal reduction (0.8 mm minimum)
- B. Chamfer or shoulder margins preferred
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

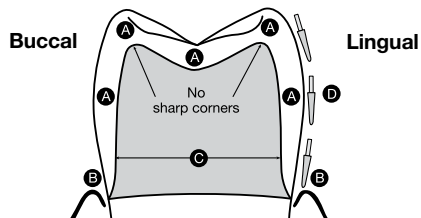


- A. 1.25 mm ideal reduction (0.8 mm minimum)
- B. Chamfer or shoulder margins preferred
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

BruxZir® Full-Strength Preparation Guidelines



- A. 1.0 mm ideal reduction (0.6 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes



- A. 1.0 mm ideal reduction (0.6 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

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.*

- BruxZir Full-Strength**5 days
- BruxZir Anterior**5 days
- Bite Splints / Mouthguards**3 days

*All rush cases must be prescheduled by calling **01-800-950-6028** before the case is shipped. Time of pickup and delivery may affect turnaround time.*



All restorations are made in Colombia

FOR LAB USE ONLY
TELEPHONE CALL RECORD

DR. _____ ACCT. # _____

PATIENT _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____