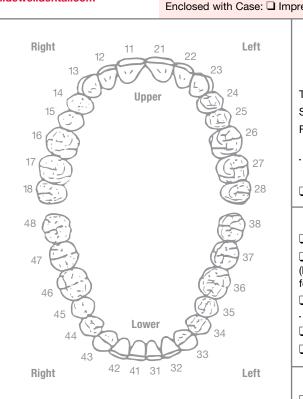
DENTAL PRESCRIPTION



Carrera 70h #116-35, Morato • Bogotá, Colombia 316-842-2926 • mail@glidewelldental.co • co.glidewelldental.com

SPECIFIC INSTRUCTIONS

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



Dr. Name

Address

Email

Patient Name

Phone #	
Patient ID	Acct. #
Deliver by 5 p.m. on	
ressions D Models D Bite D Photos D Other:	Tests: 🛛 Yes 🗅 No
SHADE INSTRUCTIONS	PONTIC DESIGN
Tooth No. Stump Shade Final Shade	
(Required for BruxZir Esthetic and IPS e.max)	
OCCLUSAL STAINING	IF NO OCCLUSAL CLEARANCE
□ None □ Light* □ Medium □ Dark	Call doctor
ALL-CERAMIC RESTORATIONS	BITE SPLINTS
□ BruxZir Full-Strength* (> 1,000 MPa)	Upper* Lower
 BruxZir Esthetic (870 MPa) (Providing the stump shade is recommended for restorations less than 1.5 mm thick) IPS e.max Crown Bridge Inlay/Onlay Veneer 	Comfort H/S Bite Splint (hard/soft) O Clear* O Blue O Pink Comfort Bite Splint (hard) O Clear*
PORCELAIN FUSED TO METAL	Clear Soft Nightguard
□ Non-Precious Metal* □ Maryland bridge	Semi-Hard Nightguard
	Bleaching Tray
RESTORATION TYPE	Ortho Retainer
Crown Bridge	
FULL-CAST RESTORATIONS	PLAYSAFE MOUTHGUARDS
□ Non-Precious*	
TEMPORARIES	Light Pro
BioTemps Provisionals (PMMA)	Heavy Heavy Pro
Diagnostic Wax-Up	Helmet strap
	Specify color(s) on Dental Prescription
	-

Invoice case in the name of (Applies to clinical networks that manage several dentists).

TERMS AND WARRANTY INFORMATION



Made with materials from the United States

We honor VISA, MASTERCARD and AMEX.

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.

NO-FAULT REMAKE POLICY: Glidewell Colombia ("the lab") 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 co.glidewelldental.com/sobre-nosotros/politicas-garantias.

PRIVACY POLICY. The data that is provided will be treated in compliance with Law 1581 of 2012, General Regime for the Protection of Personal Data of Colombia. Patient names and data will be treated as a reference code and not as proper names or personal data. Available to you on our website: co.glidewelldental.com



 BruxZir[®] Restorations



- All-Ceramic Restorations

IPS e.max[®]

PFM Restorations

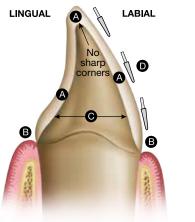


- BioTemps[®] Provisionals (PMMA)
- Bite Splints
- Mouthguards

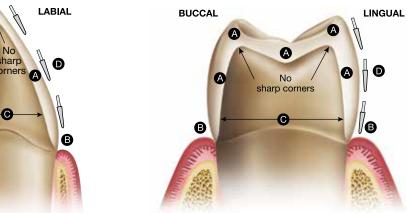
All rush cases must be prescheduled by calling 316-842-2926 before the case is shipped. Time of pickup and delivery may affect turnaround time.

PREPARATION GUIDELINES

Anterior



Posterior



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