

4141 MacArthur Blvd. • Newport Beach, CA 92660

800-854-7256 • Fax 800-411-9722 www.glidewelldental.com

### Special IPS e.max Rx Offer\*

- 1. Carefully package your case, including this Rx, and tape box securely closed.
- 2. To schedule overnight shipping pickup, call us at 800-854-7256.
- 3. Please allow five working days in lab.
- 4. Save \$45 per unit off IPS e.max with this Rx.
  Use all four Rxs for 4 units each for a total savings of \$720!

### Offer expires September 30, 2015.

\*This personalized prescription is intended for the dentist and account number listed below. It is nontransferable. Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. No copies accepted. Limit one specially priced Rx per case. Special pricing not valid with any other offer.

Dr. Name CoverName								DoctorID		
Patient Name	First						Last		Male Female	
Deliver by 5 p.m. on								Call	before starting case	
Enclosed with case:	Impression	Bite	Models	Articulator	Shade Tab	D-WAX	Pre-Op Models	Photos		
COUPON CODE: \$45 Off IPS e.max — 9/30/2015 *RYS941*										1 ~
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SignatureLicense # License # (see reverse for limited warranty details)										F

#### **CHOOSE PRODUCT**

IPS e.max° CAD
IPS e.max° Press

## FINAL CERAMIC SHADE



Indicate Shade He

# PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

#### OCCLUSAL STAINING

Light\*\* Med Dark None

 $\hbox{\tt **Standard unless specified otherwise}$ 

#### INCISAL SHAPE INSTRUCTIONS



Rounded

Squared

Pointed GL-2494-060115

### TERMS AND WARRANTY INFORMATION

Please allow full working time for each product selected. Working times are <u>NOT</u> guaranteed and do <u>NOT</u> include weekends or holidays. Only \$7 shipping per box <u>EACH</u> way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

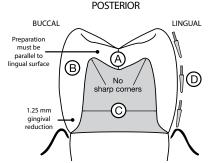
#### We honor VISA, MASTERCARD, AMEX and DISCOVER.

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Glidewell Laboratories ("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) Transition Crowns and Bridges' up to two years; (5) dentures and partials including screw-retained dentures but excluding immediate dentures and partials up to one year if the failure is due to defects in materials or workmanship; (6) thermoformed appliances and splints if the failure is due to defects in materials or workmanship; (6) thermoformed appliances 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, INDIRECT, INDIRECT, INDIRECT, INDIRECT, INDIRECT, INDIRECT, IND

### **CROWN PREPARATION GUIDELINES**

#### **ANTERIOR** LINGUAL LABIAL Preparation must be parallel to lingual surface 0 A. 2 mm incisal reduction B. 1.5 mm middle third reduction (C)1.25 mm C. Labial and lingual walls must ainaival be convergent reduction D. Preparation should be cut in three planes



- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes