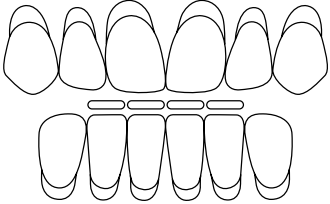
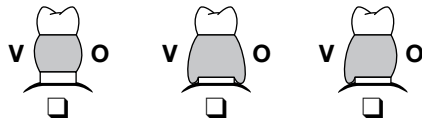


Address of the Dentist Name, Patient <input type="checkbox"/> State-run Insurance Tooth Color/Color <input type="checkbox"/> Private Insurance		Ceramic Shade Instructions 		Delivery Workflow and Scheduling
<input type="checkbox"/> BruxZir Anterior (monolithic) <input type="checkbox"/> BruxZir full-contour (monolithic) <input type="checkbox"/> BruxZir Framework for ceramic/partial veneering <input type="checkbox"/> IPS e.max <input type="checkbox"/> Obsidian All-Ceramic <input type="checkbox"/> Obsidian Pressed to White Noble <input type="checkbox"/> Individually milled titanium abutment <input type="checkbox"/> Hybrid abutment Ti/zirconia Crown on adhesive base, screw-retained: <input type="checkbox"/> BruxZir Anterior <input type="checkbox"/> BruxZir (monolithic) Hybrid abutment with crown: <input type="checkbox"/> BruxZir <input type="checkbox"/> BruxZir Anterior (monolithic) <input type="checkbox"/> IPS e.max <input type="checkbox"/> Silent Night SL <input type="checkbox"/> Comfort H/S Bite Splint <input type="checkbox"/> Playsafe Sports Mouthguards				
11	21	31	41	Completion
12	22	32	42	
13	23	33	43	
14	24	34	44	
15	25	35	45	
16	26	36	46	
17	27	37	47	
18	28	38	48	
<input type="checkbox"/> Maxilla <input type="checkbox"/> Mandible <input type="checkbox"/> Full-Arch <input type="checkbox"/> Partial Arch (<i>Up to 7 Teeth</i>) No. of Teeth Desired _____ Implant System _____ Implant Diameter _____ mm <input type="checkbox"/> Bite Block <input type="checkbox"/> Wax setup try-in <input type="checkbox"/> Implant verification jig <input type="checkbox"/> Custom tray <input type="checkbox"/> Reset, if necessary		Bruxzir Hybrid Bar Prosthesis Tooth setup: <input type="checkbox"/> Ideal <input type="checkbox"/> Characterized <input type="checkbox"/> Copy study model <input type="checkbox"/> Copy existing denture <input type="checkbox"/> Correct lip volume <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____ Tooth color: _____ Gum color: <input type="checkbox"/> G1 normal <input type="checkbox"/> G3 medium <input type="checkbox"/> G4 dark		Access Holes on Facial <input type="checkbox"/> Call practice <input type="checkbox"/> No call needed <input type="checkbox"/> Provide angle-correcting abutments <hr/> Tissue Adaptation Design  <input type="checkbox"/> Cover exposed implant <input type="checkbox"/> Provide floss space
Select Implant Prosthesis <input type="checkbox"/> PMMA Implant Provisional <input type="checkbox"/> BruxZir Solid Zirconia Implant Prosthesis <input type="checkbox"/> Inclusive Bar Overdenture <i>(Please specify type of bridge)</i> <input type="checkbox"/> Inclusive Screw-Retained Hybrid Prosthesis <input type="checkbox"/> Inclusive Mini Implant Overdenture		Special Case Instructions 		

The order will be completed to our business, delivery and payment terms. Please request our terms and conditions if you have not yet received them. There is no other confirmation of the order.

For successful delivery of your work, follow these steps:

1-2-3... **Ordering** at Glidewell Europe

The morning pickup window takes place between 8:00 and 15:00, by DHL or UPS.

During the afternoon (our recommendation) the pickup window is between 14:00 and 18:00.

Please specify if the order is to be picked up at an alternate address, especially if your practice is not reachable.

Please use the packaging provided to you by **Glidewell**. For free packaging materials, contact us at +49 69 50600-5310.

Attach the DHL or UPS label supplied by **Glidewell** on the package. For urgent cases, orders can also be placed by fax or mail.

1-2-3... **Delivery** of supplies to your practice

Deliveries by DHL or UPS are made Monday through Friday, 8:00 to 12:00.

Please let us know if the delivery needs to be made to an alternative address.

If the practice is closed, DHL or UPS will attempt delivery on three consecutive days.

If the case is not successfully delivered, it will return to **Glidewell**.

Have any further questions?

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