

• **REMOVABLE APPLIANCE Rx** •



**GLIDEWELL
LABORATORIES**

4141 MacArthur Blvd. • Newport Beach, CA 92660

800-726-3590 • Fax 800-411-9722

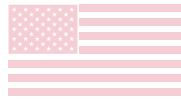
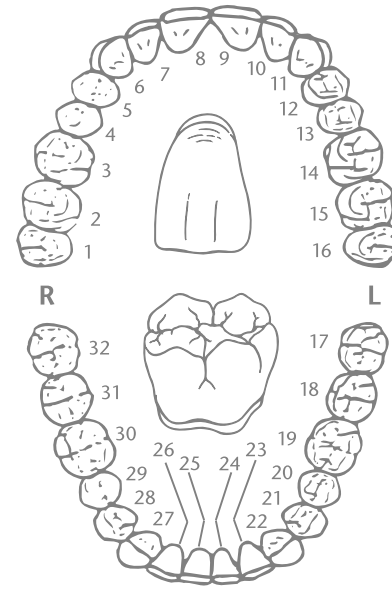
Dr. Name _____ Phone # _____

Acct. # _____ 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: _____

Rx



**All Restorations
Made in the USA**

FINAL CERAMIC SHADE

Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE

Indicate Shade Here

OCCUSAL STAINING

None Light* Medium Dark

PONTIC DESIGN

MARGIN AND METAL DESIGN

Labial Butt 360° Butt Junction Junction

*Standard unless specified otherwise

Signature _____ License # _____
 (see reverse for limited warranty details)

DENTURES/FLEXIBLE PARTIALS

Flipper Denture Valplast tcs Dupe denture
 Custom tray Occlusion rim Wax setup try-in Finish

Name on appliance _____
(Additional charge)

Tooth setup: Ideal Characterized Study model
 Male Female Age _____

Acrylic shade: Std G1 Ethnic: Med G3 Dark G4

TCS Flexible Partial shade: Lt Pink Std Pink
 Lt/Dark Pink Dark Pink

Kenson Teeth (included at no extra charge)
 Shade _____ Mould _____

Premium Brand Teeth (extra charge applies)
 Shade _____ Brand _____ Mould _____

VITALLIUM METAL PARTIALS

Vitallium 2000* Vitallium 2000 Plus tcs/Vitallium Valplast/Vitallium
 Titanium Wironium tcs/Wironium Lab select complete design
 Frame try-in Frame w/occlus. rim Frame w/setup try-in Finish

MAJOR CONNECTOR

Maxillary	Mandibular	Clasp Options	Tooth #
<input type="checkbox"/> Lab select	<input type="checkbox"/> Lab select	<input type="checkbox"/> Lab select	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Metal	_____
Rest Areas	Tooth #	<input type="checkbox"/> EsthetiClasp	_____
<input type="checkbox"/> Lab select	_____	<input type="checkbox"/> Thermoflex	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____

COMBINATION CROWNS & PARTIALS

Fabricate RPD to fit restoration Future RPD: Vitallium Valplast Attachments
 Non-Precious PFM* Noble PFM WHN PFM

SNORING/SLEEP APNEA APPLIANCES
(Upper and lower models with protrusive bite required)

Silent Nite sl* EMA
 TAP TAP 3 TAP 3 Elite

PLAYSAFE MOUTHGUARDS

Jr Lt Lt Pro Med* Hvy Hvy Pro
 Helmet Strap **Specify color(s) on Rx**
 Name _____

NIGHTGUARDS/RETAINERS

Upper Lower Scan/Save File

Comfort H/S (hard/soft)* Comfort (hard)
 Semi-Hard Nightguard Soft Nightguard
 Astron CLEARsplint Processed Acrylic

Clear-Lock Retainers set of 2
 set of 4
 set of 6

Clear Ortho Hawley QCM Clear-Wire

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 (see below).

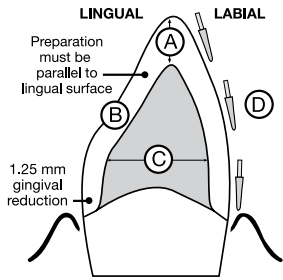
PFMs/Diagnostic Wax-Up	5 days
PFMs w/ attachments, implants or over stock abutment	7 days
Screw-retained PFMs	8 days
Inclusive Custom Abutment	8 days
All-ceramic/Zirconia restorations	5 days
Screw-retained BruxZir with Ti-Base	8 days
Full-cast restorations	5 days
Composite restorations	3 days
Fiber-reinforced composites	5 days
BioTemps Provisionals	5 days
With cast-metal substructure	6 days
With cast-metal substructure over implant	6 days
Screw-retained over implant	6 days
Smile Transitions appliance	7 days
Transition Crowns & Bridges	6 days

Partials & Dentures	
Metal Frames	6 days
Metal Frame with teeth and wax	11 days
Metal Partial to finish	11 days
Occlusion rims/Custom tray	3 days
Denture setup try-in	5 days
Denture try-in to finish	5 days
Valplast/tcs setup teeth in wax	5 days
Valplast/tcs start to completion	7 days
Denture soft liner/acrylic repair or reline	3 days
Partial repair/reline	5 days
PlaySafe mouthguards/Silent Nite sl	4 days
TAP/TAP 3/EMA	5 days
Comfort H/S Bite Splint/Nightguards	4 days
Bleach trays/Custom trays/Retainers	4 days

All rush cases must be prescheduled by calling **800-944-7874** before the case is shipped. Time of pickup and delivery may affect turnaround time.

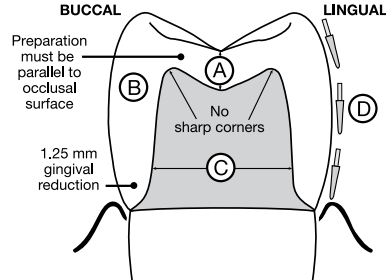
PREPARATION GUIDELINES

PFM ANTERIOR



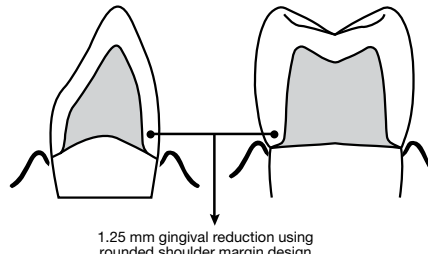
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent.
- D. Preparation should be cut in three planes.

PFM POSTERIOR



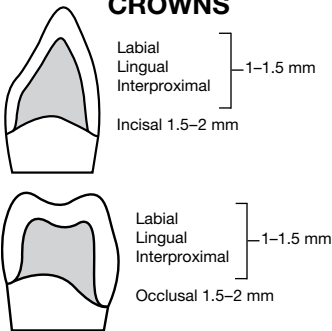
- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent.
- D. Preparation should be cut in three planes.

PFM-PORCELAIN LABIAL OR 360° MARGIN

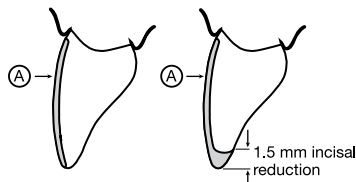


1.25 mm gingival reduction using rounded shoulder margin design

ALL-CERAMIC/COMPOSITE CROWNS

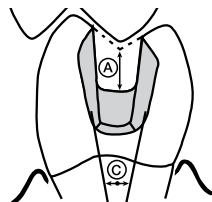


ALL-CERAMIC/COMPOSITE VENEERS



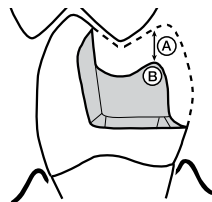
- A. 0.3 to 1 mm labial reduction

INLAY



- A. 1.5 to 2 mm occlusal reduction
- B. Round all sharp line angles and occlusal edges, and eliminate undercuts.
- C. Proximal and occlusal walls should have 6-8 degrees taper.

ONLAY



TERMS AND WARRANTY INFORMATION

Only \$7 shipping per box EACH 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 and provisional dentures, partials and flippers 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, provisionals, composite resin Maryland and inlay/onlay bridges, flippers and Reflex™ Plus provisional partials up to six months; (7) Smile Transitions™ cosmetic appliances, immediate dentures, partials and 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 California. The lab does not guarantee the performance of independent carriers.

**FOR LAB USE ONLY
TELEPHONE CALL RECORD**

DR. _____ ACCT.# _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____