



18551 Von Karman Ave. • Irvine, CA 92612

800-839-9755 • Fax 800-411-9722
glidewell dental.com

Dr. Name _____

Acct. # _____ Phone # _____

Email _____

Address _____
City / State / ZIP _____

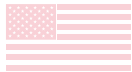
Patient Name _____ Male Female
First Last

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

Implant system: _____ Diameter: _____ mm

- Custom healing abutment with custom impression coping (3 days in lab)
- Add custom temporary abutment with BioTemps provisional crown (3 days in lab)
- Add prosthetic stent recommended for ideal implant positioning (3 days in lab)

Rx



All Restorations
Made in the USA

Signature _____ License # _____

(see reverse for limited warranty details)

INCLUSIVE® TISSUE CONTOURING SYSTEM Rx

Carefully package your case, including this completed Rx, with upper and lower impressions and bite registration. Tape box securely closed. For in-lab working time or to schedule overnight shipping pickup, please call us at **800-839-9755**.

- Custom healing abutment* & matching custom impression coping \$120
- Custom healing abutment* & matching custom impression coping, with custom temporary abutment and BioTemps crown* \$159
- Prosthetic stent for implant positioning \$100 when bundled with packages above or \$140 alone

*Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. *Implant placement protocol positions the prosthetic platform of the implant 2 mm below the mid-buccal crest of the soft tissue for mandibular cases and 3 mm below for maxillary cases. For temporary components, this includes the following measurements: Custom temporary abutment – height of facial margin = 2 mm. BioTemps crown = 2 mm out of occlusion*

Specific Case Details

Shade: _____

Tooth number: _____

Missing Extracted

Implant depth preference:
_____ mm*

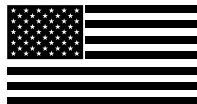
*Default Maxilla: 3 mm
*Default Mandible: 2 mm

Enclosed with Case

- Impressions
- Models
- Bite
- Other: _____

TERMS AND WARRANTY INFORMATION

Only \$7 shipping per box each way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).



All Restorations Made in the USA

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.

NO-FAULT REMAKE POLICY: Glidewell Laboratories 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 [***glidewelldental.com/policies-and-warranties/***](http://glidewelldental.com/policies-and-warranties/).