

• **REMOVABLE APPLIANCE Rx** •



**GLIDEWELL
LABORATORIES**

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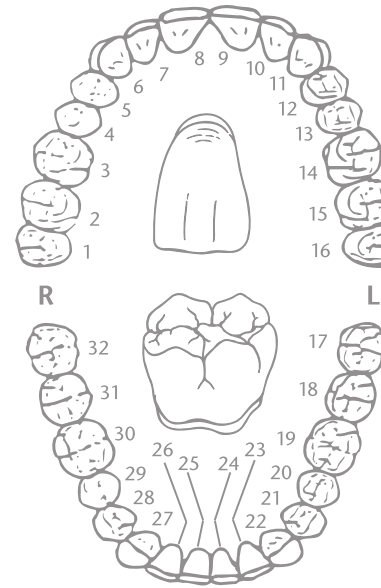
Dr. Name _____ Phone # _____

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



FINAL CERAMIC SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

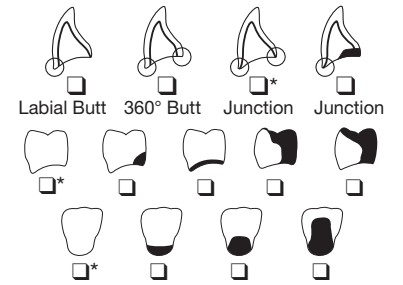
OCCLUSAL STAINING

None Light* Medium Dark

PONTIC DESIGN



MARGIN AND METAL DESIGN



*Standard unless specified otherwise

Signature _____ License # _____

(see reverse for limited warranty details)

DENTURES/FLEXIBLE PARTIALS

- Flipper Denture Valplast tcs WELDENZ
- 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

- Future RPD: Vitallium Valplast Attachments Fabricate RPD to fit restoration
- Obsidian Noble BruxZir Full-Strength (1,150 MPa) Obsidian Non-Precious
- BruxZir Anterior (650 MPa)

SNORING/SLEEP APNEA APPLIANCES

- (Upper and lower models with protrusive bite required)
- Silent Nite sl* EMA
- TAP TAP 3 TAP 3 TL dreamTAP

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)
- Semiflexible nightguard Soft nightguard
- Astron CLEARsplint Processed acrylic
- Clear-Lock Retainers:** quantity of 2
 quantity of 4
 quantity 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).

- Obsidian/Diagnostic Wax-Up 5 days
- Obsidian w/ attachments, implants or over stock abutment 7 days
- Screw-retained Obsidian 8 days
- Custom implant 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 12 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 5 days
 - Partial repair/reline 5 days
 - PlaySafe mouthguards/Silent Nite sl 4 days
 - TAP/TAP 3/dreamTAP/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.

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

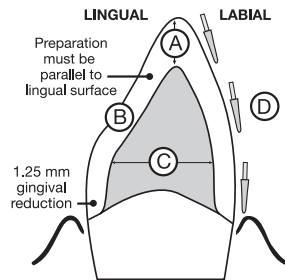
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. 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/.

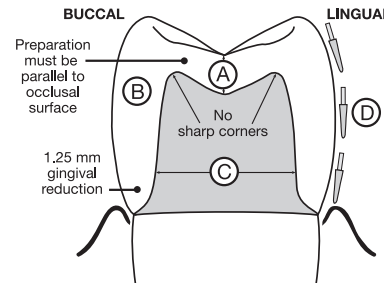
PREPARATION GUIDELINES

OBSIDIAN TO METAL ANTERIOR



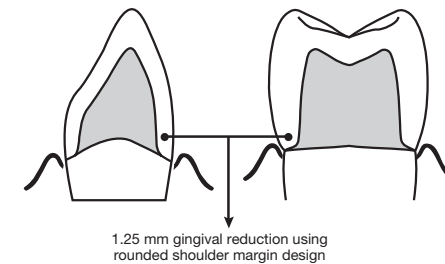
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

OBSIDIAN TO METAL POSTERIOR

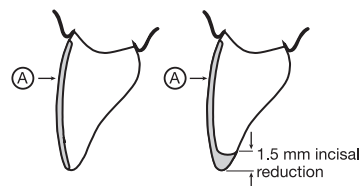


- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

OBSIDIAN TO METAL - CERAMIC LABIAL OR 360° MARGIN

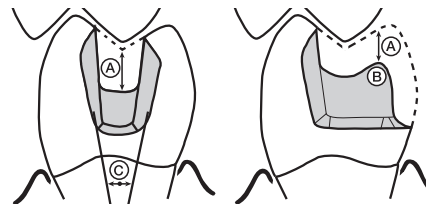


ALL-CERAMIC/COMPOSITE VENEERS



- A. 0.3 to 1 mm labial reduction

INLAY ONLAY



- 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

ALL-CERAMIC/COMPOSITE CROWNS

