

• **REMOVABLE APPLIANCE Rx** •



GLIDEWELL LABORATORIES

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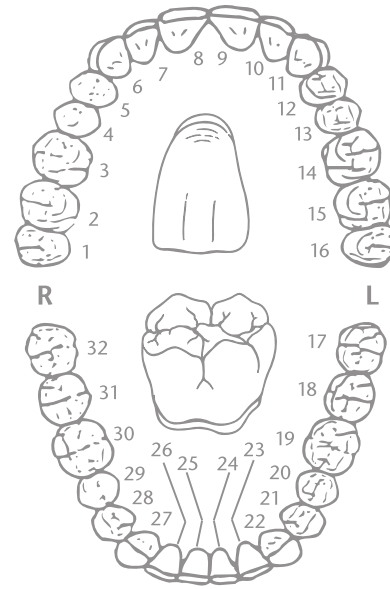
Dr. Name _____ Phone # _____

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

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 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 Obsidian Non-Precious

Obsidian Noble BruxZir Full-Strength (1,150 MPa) BruxZir Esthetic (870 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 _____

Fabricate RPD to fit restoration

Obsidian Non-Precious

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.

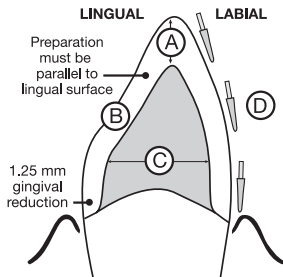
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice.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

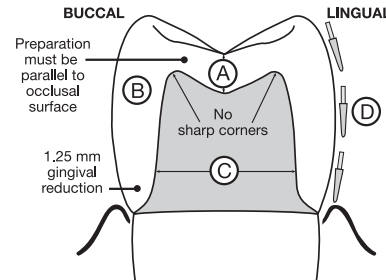
PREPARATION GUIDELINES

OBSIDIAN TO METAL ANTERIOR



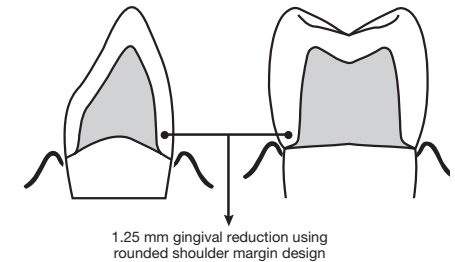
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

OBSIDIAN TO METAL POSTERIOR

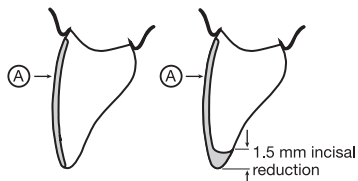


- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

OBSIDIAN TO METAL - CERAMIC LABIAL OR 360° MARGIN

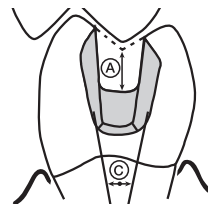


ALL-CERAMIC/COMPOSITE VENEERS

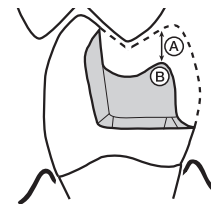


- A. 0.3 to 1 mm labial reduction

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

