

• **IMPLANT REMOVABLE Rx** •



**GLIDEWELL
LABORATORIES**

4141 MacArthur Blvd. • Newport Beach, CA 92660

800-839-9755 • 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

Upper Lower

Tooth Shade _____

Implant System _____

Implant Diameter _____ mm

Bite block

Diagnostic setup

Setup try-in

Implant verification jig

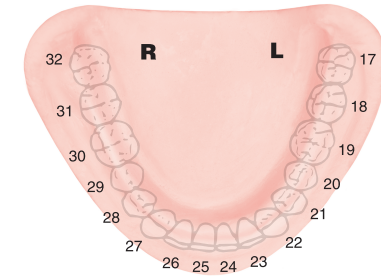
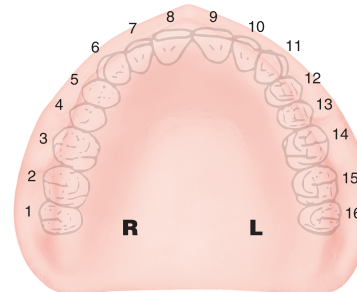
Custom tray

Reset

Final prosthesis

(See reverse for compatible implant systems and limited warranty details)

*** PLEASE COMPLETE THIS SECTION ***
 (A-P Spread is 1.5 x A.P) First molar occlusion



DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS: _____ mm
 UPPER AP SPREAD X 1.5 mm: _____ mm

DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS: _____ mm
 LOWER AP SPREAD X 1.5 mm: _____ mm

IMPLANT DENTURE APPLIANCE
 (CHOOSE ONE)

- Inclusive Screw-Retained Hybrid Denture†
(Premium teeth standard)
 - Bite splint (Additional fee applies)
- Inclusive Locator Bar Overdenture†
(Premium teeth standard)
- Inclusive Locator Overdenture†
(Kenson teeth standard)
- Inclusive Mini Implant Overdenture
(Kenson teeth standard)
- Denture fully edentulous (Kenson teeth standard)
- Duplicate denture

- Kenson teeth (Included at no extra charge)
 Shade _____ Mould _____
- Premium brand teeth (Extra charge may apply)
 Shade _____ Brand _____ Mould _____
- Name on appliance (Additional charge)

MINI IMPLANTS WITH O-BALL HEAD

- Ø2.2 mm Ø2.5 mm Ø3.0 mm
- Specify quantity of each length:*
- ____ 10 mm ____ 10 mm ____ 10 mm
- ____ 13 mm ____ 13 mm ____ 13 mm
- ____ 15 mm ____ 15 mm ____ 15 mm

PROSTHETIC STENT

- Tooth # _____
- Fully edentulous
- Acrylic Vacuum formed
- Pilot Holes: Yes No Dia: _____ mm

- Radiographic Markers: Gutta percha
 Barium (20%)

DENTURE REINFORCEMENT

- Horseshoe cast palate
- Cast mesh 360° wraparound

- Tooth setup:** Ideal Characterized
 Copy study model
 Copy existing denture
 Add lip support
 Male Female Age _____

- Acrylic shade:** G1 (Standard)
 G3 (Med) G4 (Dk)

ACCESS HOLES ON FACIAL

- Call doctor No call needed
- Provide angle correcting abutments
(Extra charge applies)

Signature _____

License # _____

*Half of payment is due after first appointment; half is due at final delivery. †Price does not include multi-unit abutments and may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system.

IMPLANT WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.

Days in Lab

Screw-Retained Hybrid Denture

Bite block3
 Wax setup reset/implant verification jig4
 Wax setup to finish10
 Fabricate CAD/CAM titanium framework.....7
 Final transfer of setup onto titanium framework5
 Process acrylic and denture teeth onto framework10

Locator CAD/CAM Milled Bar Overdenture

Bite block3
 Wax setup reset/implant verification jig4
 Wax setup to finish.....6
 Fabricate CAD/CAM titanium framework and final setup.....12
 Process acrylic, denture teeth and Locator attachments6

Locator Implant Overdenture

Bite block3
 Wax setup to finish.....6
 Wax setup reset4
 Process final denture including Locator processing caps6



All Restorations Made in the USA

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/.

INCLUSIVE® LOCATOR IMPLANT OVERDENTURES ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain® External Hex (4.1mm)	CAMLOG® SCREW-LINE	DENTSPLY Implants ASTRA TECH Implant System®	Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System	
Keystone Dental PrimaConnex®	Neoss® Neoss® Implant System	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	Straumann® Bone Level Tissue Level	Zimmer Dental Screw-Vent®

INCLUSIVE® CAD/CAM MILLED IMPLANT BARS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain® External Hex (4.1mm)	DENTSPLY Implants ASTRA TECH Implant System®	Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System		Keystone Dental PrimaConnex®
MegaGen AnyRidge® Implant System	Neoss® Neoss® Implant System	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	Straumann® Bone Level Tissue Level	Zimmer Dental Screw-Vent®

Inclusive is a registered trademark of PrismaDent Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaDent Dentalcraft, Inc. All other trademarks are property of their respective owners. Glidewell Laboratories works in partnership with Keystone Dental and Neoss. For Inclusive Locator Implant Overdentures, prices vary for BIOMET 3i External Hex (4.1 mm), CAMLOG, Keystone Dental, Neoss and Straumann. For Inclusive CAD/CAM milled implant bars, prices vary for Keystone Dental, MegaGen and Neoss.