



4141 MacArthur Blvd. • Newport Beach, CA 92660
 800-407-3326 • Fax 800-411-9722 • glidewell.com

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule shipping pickup, call us at 800-854-7256.
3. Please allow up to 5 working days in lab.

OFFER EXPIRES DEC. 31, 2023.

**Standard unless specified otherwise.*

[†]Glidewell Clinical Twinpak is valid for two appliances of the same kind for the same patient. Buy one for relief and one for reserve.

^{††}Digital file storage available for this product.

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____

City/State/ZIP

Patient ID/Name _____ Age _____ Deliver by 5 p.m. on _____

First

Last

ENCLOSED WITH CASE

- Impressions Models Bite
 Other: _____

Upper and lower impressions or models with bite registration required



* J E A H 2 5 *

PLEASE COMPLETE THIS SECTION

- Upper Arch Lower Arch

Retainers	Bite Splints & Nightguards		
<input type="checkbox"/> Clear-Lock Retainers <small>Includes digital file storage of the patient's model for 7 years</small>		One Appliance	Glidewell Clinical Twinpak[†]
<input type="radio"/> Qty of 2	CLEARsplint^{††} <small>(self-adjusting, hard)</small>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Qty of 4	Comfort3D Bite Splint^{††} <small>(3D-printed, hard)</small>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Qty of 6	Comfort H/S^{†††} <small>(clear, hard with soft reline)</small>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hawley Retainer^{††}	Comfort H/S^{†††} <small>(colored, hard with soft reline)</small>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clear Ortho^{††}	Color options: <input type="checkbox"/> Blue <input type="checkbox"/> Pink		
<input type="checkbox"/> QCM Clear-Wire^{††}	Soft Nightguard^{††}	<input type="checkbox"/>	N/A
PlaySafe Mouthguards	Scan & Save Services <small>Available for ^{††} products only</small>		
<input type="checkbox"/> Junior <input type="checkbox"/> Light	<input type="checkbox"/> Digitally scan model to enable future reorder		
<input type="checkbox"/> Light Pro <input type="checkbox"/> Medium*			
<input type="checkbox"/> Heavy <input type="checkbox"/> Heavy Pro			
<input type="checkbox"/> Each additional color/helmet strap <small>Specify color(s) on Rx</small>			

Signature _____

(see reverse for limited warranty details)

License # _____

Date _____

1809712_1

TERMS AND WARRANTY INFORMATION

We honor



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 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 glidewell.com/policies-and-warranties.



- Nightguards
- Bite Splints
- Mouthguards
- Retainers



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.