



18551 Von Karman Ave. • Irvine, CA 92612  
866-497-3692 • [glidewelldental.com/dtp](http://glidewelldental.com/dtp)

Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Acct. # \_\_\_\_\_ Patient Name \_\_\_\_\_  
First Last

Email (required) \_\_\_\_\_  
(Email address required for DTP cases)



**1. SELECT IMPLANT SYSTEM**

- Hahn Tapered Implant System
- BIOMET 3i Certain
- CAMLOG SCREW-LINE
- DENTSPLY Implants ASTRA TECH OsseoSpeed TX
- Nobel Biocare NobelReplace
- Nobel Biocare NobelActive
- Nobel Biocare Brånemark System
- Straumann Bone Level
- Straumann Tissue Level

**IMPORTANT:** Guided surgery requires implant-specific guided surgery instrumentation. See reverse for compatible guided surgery systems.

**2. SERVICES REQUESTED**

Digital Treatment Plan\*

Surgical guide (select only one):

Open Platform Surgical Guide

**Hahn Tapered Implant Surgical Guide Bundle:** Includes surgical guide, Hahn Tapered Implant, healing abutment, and impression coping or scanning abutment

**Select one:**

- Open-tray impression coping     Closed-tray impression coping
- Clinical scanning abutment

*\* DTP cases must be approved for surgical guide fabrication within 30 days or a planning fee will be assessed and the case will be returned.*

**3. DIAGNOSTIC RECORDS REQUIRED**

Full-arch impression, **both arches** (select one):

- VPS (physical), unpoured and bite registration.†
- Intraoral scan, in occlusion (uploaded to Glidewell via My Account or your IOS software)  
Intraoral scanner used: \_\_\_\_\_ ID# \_\_\_\_\_

CBCT/CT scan (select one):

- Flash drive or CD†
- Digital upload to DTP Portal: [myaccount.glidewelldental.com/#/dtp/request](http://myaccount.glidewelldental.com/#/dtp/request)

**4. IMPORTANT CBCT/CT SPECIFICATIONS**

- Bite must be open 8–10 mm
- Full-arch scan(s) required
- **Maxilla:** From zygomatic arch (including occlusal surfaces of all maxillary teeth)
- **Mandible:** Entire mandible (including occlusal surfaces of all mandibular teeth)
- No patient movement during CT scan
- Remove all jewelry (earrings, lip/tongue/nose piercings)
- DICOM dataset must be uncompressed DICOM file format (.dcm file extension or equivalent)  
PDFs or files formatted for and bundled with a DICOM viewer cannot be used
- CBCT scan cannot be more than six months old



**Save time!**  
**Submit your CBCT scans digitally**  
**via the DTP Portal**  
[myaccount.glidewelldental.com/#/dtp/request](http://myaccount.glidewelldental.com/#/dtp/request)

Signature \_\_\_\_\_  
(see reverse for limited warranty details)

License # \_\_\_\_\_ Date \_\_\_\_\_

† Send to: ATTN: Digital Treatment Planning, 18551 Von Karman Ave., Irvine, CA 92612

## IMPLANT WORKING TIMES

*Please allow full working time for each product selected.*

*Working times are **NOT** guaranteed and do **NOT** include weekends or holidays, and do not include delays awaiting diagnostic records or clinician approval times.*

*Rush service available on most products but must be prescheduled (see below).*

### Days in Lab

|   |    |
|---|----|
| <b>Digital Treatment Plan</b> .....   | 5  |
| <b>Surgical Guide</b> .....   | 5  |
| <br><b>Custom Abutments and Crowns</b>  |    |
| Custom Abutments .....  | 8  |
| Obsidian/BruxZir/IPS e.max/Clinical Zirconia/Full-cast restoration.....                   | 5  |
| Obsidian/IPS e.max/Clinical Zirconia/Full-cast over stock abutment.....                   | 7  |
| BruxZir over custom abutment.....   | 5  |
| BruxZir over stock implant abutment.....  | 7  |
| BruxZir, IPS e.max or Obsidian screw-retained restoration.....                            | 8  |
| <br><b>Overdentures and Fixed Dentures</b>  |    |
| Custom impression tray .....  | 2  |
| Wax rim .....   | 5  |
| BruxZir Full-Arch or implant denture transfer/wax setup try-in.....                       | 5  |
| BruxZir Full-Arch or implant denture wax setup reset .....                                | 4  |
| BruxZir Full-Arch or implant denture wax setup to finish.....                             | 6  |
| CAD/CAM-Milled Implant Bar .....  | 7  |
| Implant verification jig .....  | 4  |
| Wax setup try-in, implant verification jig and custom tray .....                          | 11 |
| BruxZir Full-Arch Implant Prosthesis finished .....                                       | 8  |
| <br><b>BioTemps Provisionals</b>  |    |
| BioTemps Provisionals.....  | 5  |
| BioTemps cement over implant/cast-metal substructure/<br>screw-retained over implant..... | 6  |
| <br><b>Custom Healing Components</b>  |    |
| Custom healing abutment with impression coping.....                                       | 3  |
| Custom temporary abutment with impression coping.....                                     | 5  |
| Prosthetic stent .....  | 3  |



**Made in the USA**

**All rush cases must be prescheduled** by calling **866-497-3692** before the case is shipped. Time of pickup and delivering may affect turnaround time.

## TERMS AND WARRANTY INFORMATION

*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).

By submitting this prescription for implant guided surgery, the dentist agrees that:

- They are qualified to perform the procedure documented in the treatment plan.
- They have reviewed and approved the treatment plan prior to treatment.
- All data provided to Glidewell for the purposes of this prescription is accurate and approved by the dentist.
- Glidewell is not responsible for improperly fitted surgical guides.
- They assume full responsibility for the review and acceptance of the treatment plan and surgical guide.
- Delays in sending diagnostic records or delays in approving the plans will delay delivery of the surgical guide.
- Cases not approved within 30 days will be charged a planning fee and returned to the dentist (applies to physical products only)
- They have the appropriate guided surgery instrumentation for the specific implant requested.

### DIGITAL TREATMENT PLANNING AND GUIDE FABRICATION AVAILABLE FOR THE FOLLOWING GUIDED SURGERY SYSTEMS

**Glidewell Direct**  
Hahn™ Guided  
Surgery System

**Nobel Biocare**  
NobelGuide®

**BIOMET 3i™**  
Navigator®

**DENTSPLY Implants**  
ASTRA TECH  
OsseoSpeed®  
TX Implant System

**Straumann®**  
Guided Surgery  
System

**CAMLOG®**  
Guide System

Hahn Tapered Implant is a trademark of PrismaTik Dentalcraft, Inc.  
All other trademarks are property of their respective owners.