



4141 MacArthur Blvd. • Newport Beach, CA 92660
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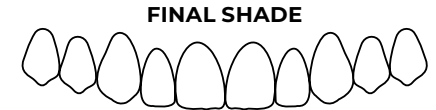
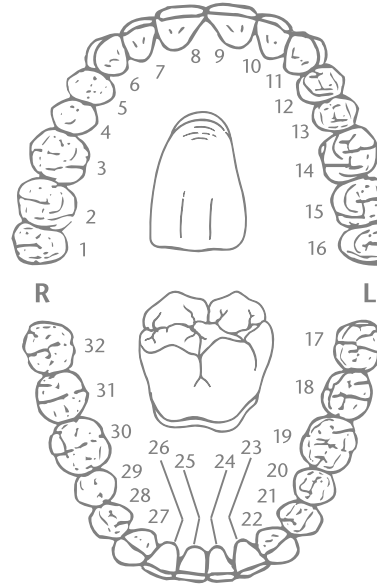
Dr. Name _____ Phone # _____

Patient ID/Name _____ Acct. # _____
First Last

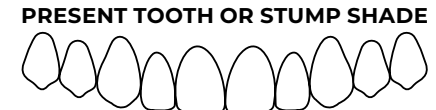
Address/Email _____ **Deliver by 5 p.m. on _____**

Enclosed with case: Impressions Models Bite Registration Photos Other: _____

Rx



Indicate Shade Here



Indicate Shade Here

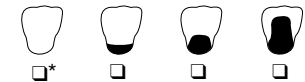
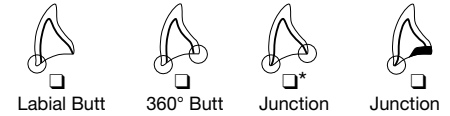
OCCUSAL STAINING

None Light* Medium Dark

PONTIC DESIGN



MARGIN AND METAL DESIGN



Signature _____ License # _____ Date _____
 (see reverse for limited warranty details) **NOTE: Lab will advise on clasp design relative to the patient's undercut.**

DENTURES/FLEXIBLE PARTIALS

Simply Natural
 CAD/CAM Denture (Kenson teeth standard)
 Handcrafted Denture (Kenson teeth standard)
 3D-Printed Denture (3D-printed immediate)

Flexible Partial
 Valplast tcs DuraFlex

Duplicate Denture

Handcrafted Denture Custom tray Occlusion rim
Clinical Step: Wax setup try-in Finish

Tooth Setup: Ideal Characterized Study model
 Masculine Feminine Age _____

Acrylic Shade: Std G1 Ethnic: Med G3 Dark G4

tcs Flexible Lt Pink Std Pink

Partial Shade: Lt/Dark Pink Dark Pink

Kenson Teeth (Included at no extra charge)
 Shade _____ Mould _____

Premium Brand Teeth (Extra charge applies)
 Shade _____ Brand _____ Mould _____

SIMPLY NATURAL METAL PARTIALS
Metal frame with acrylic and Kenson teeth

Frame Material
 Vitallium 2000
 Vitallium 2000 Plus

Esthetic Clasp Material (extra charge applies)
 Valplast/Vitallium
 tcs/Vitallium
 Lab select complete design

Phase
 Metal frame try-in
 Printed frame try-in
 Frame w/occlus. rim
 Frame w/setup try-in
 Finish
 Scan/Save File (Extra charge applies)

CAD/CAM-MILLED ACETAL PARTIAL

Acetal partial Shade: _____

PLAYSAFE MOUTHGUARDS

Jr Lt Lt Pro
 Med* Hvy Hvy Pro

Helmet strap **Specify color(s) on Rx**

Name _____

COMBINATION CROWNS & PARTIALS

Fabricate RPD to fit restoration
 Future RPD:
 Vitallium Valplast Attachments
 Obsidian Non-Precious
 Obsidian Noble
 BruxZir Full-Strength* (> 1,000 MPa)
 NEW! BruxZir Esthetic (> 900 MPa)

MIGRAINE PREVENTION

NTI-tss Plus NTI OmniSplint

SNORING/SLEEP APNEA APPLIANCES
(Upper and lower models with protrusive bite required)

Buy 1 Glidewell Clinical Twinpak†
 Scan/Save File

Silent Nite Sleep Appliance* EMA
 Silent Nite with Glidewell Hinge TAP 3 TL
 OASYS Hinge Appliance dreamTAP

NIGHTGUARDS/RETAINERS

Upper Arch **Lower Arch**
 Buy 1 Glidewell Clinical Twinpak† Scan/Save File

Comfort3D (3D-printed, hard)
 Comfort H/S (hard, with soft relin)*
 CLEARsplint (self-adjusting, hard)
 Soft nightguard

Clear-Lock Retainers:
 quantity of 2 quantity of 4 quantity of 6

Clear Ortho Retainer Hawley Retainer
 Essix Retainer (1-tooth) Bleaching Tray

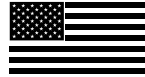
TERMS AND WARRANTY INFORMATION

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 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.



**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.*

PREPARATION GUIDELINES

Rest Preparations

Occlusal Rest



1/3 width of faciolingual,
1/2 width of cusp tips



Rest depth at least 1 mm

Channel Rest



Inverted V Rest



Guide Plane



Retentive Prep



Interproximal Preparation



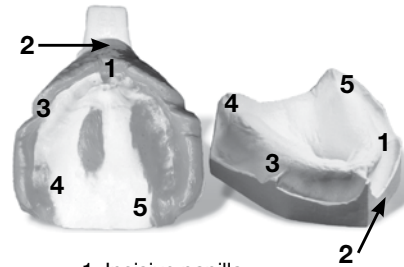
Occlusal rests only



Rests with
buccal/lingual access

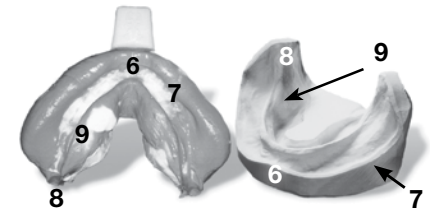
Impressions/Model

Maxillary Arch



1. Incisive papilla
2. Labial frenum
3. Buccal frenum
4. Maxillary tuberosity
5. Hamular notch

Mandibular Arch



6. Labial frenum
7. Buccal frenum
8. Retromolar pad
9. Mylohyoid ridge

Recommended Impression Materials:

- Vinyl polysiloxane (Capture®, Imprint™, Take 1™, Aquasil, Splash!®, etc.) – *light, regular or monophasic viscosities recommended*
- Polyether (Impregum™, Permadyne™)