



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

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

OFFER EXPIRES DEC. 31, 2022.

**Standard unless specified otherwise.*

†Glidewell Clinical Twinpak is valid for two appliances of the same kind for the same patient.

††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



* D A X J 6 5 *

PLEASE COMPLETE THIS SECTION

- Upper Arch Lower Arch

Retainers	Bite Splints & Nightguards		
<input type="checkbox"/> Clear-Lock Retainers Includes digital file storage of the patient's model for 7 years <input type="radio"/> Qty of 2 <input type="radio"/> Qty of 4 <input type="radio"/> Qty of 6 <input type="checkbox"/> Hawley Retainer ^{††} <input type="checkbox"/> Clear Ortho ^{††} <input type="checkbox"/> QCM Clear-Wire ^{††}	One for Relief, One for Reserve[†]	1 Appliance	Glidewell Clinical Twinpak[†]
<input type="checkbox"/> PlaySafe Mouthguards <input type="checkbox"/> Junior <input type="checkbox"/> Light <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 Specify color(s) on Rx	CLEARsplint^{††} (self-adjusting, hard)	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort3D Bite Splint^{††} (3D-printed, hard)	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort H/S (hard/soft)^{*††} (hard, with soft reline)	<input type="checkbox"/>	<input type="checkbox"/>
	Soft Nightguard^{††}	<input type="checkbox"/>	N/A
	Scan & Save Services Available for ^{††} products only <input type="checkbox"/> Digitally scan model to enable future reorder		

Signature _____
 (see reverse for limited warranty details)

License # _____

Date _____

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



**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.