Please complete this prescription to start a new case for guided surgery provided by Glidewell Laboratories.

- Digital Treatment Plan and Surgical Guide – Open Platform
- Digital Treatment Plan and Surgical Guide – Hahn™ Tapered Implant Bundle (Includes Hahn implant, Healing Abutment, and Impression Coping or Scanning Abutment)
- Open-Tray Impression Coping
- Closed-Tray Impression Coping
- Scanning Abutment

SELECT FINAL ITEMS ENCLOSED
- Full-arch VPS impression (physical), unpoured*
- Full-arch impression (digitally uploaded to Glidewell via your intraoral scanning software)*
  Software used _____________________________
  ID# ____________________________________
- CBCT/CT scan (flash drive or physical CD)**
- CBCT/CT scan (digitally uploaded)**
  *An opposing impression is recommended for multiple implant sites

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
- Zimmer Dental Screw-Vent®

"IMPORTANT CBCT/CT Specifications
- Full-arch scan required
- Data must be compressed in DICOM file format following export
- Must not have any software formatting
- CBCT scan cannot be more than six months old

Tooth No. (s) _____________________________

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See reverse for compatible guided surgery systems.
**IMPLANT WORKING TIMES**

Please allow full working time for each product selected.

Working times are NOT guaranteed and do NOT include weekends or holidays. Rush service available on most products but must be prescheduled (see below).

<table>
<thead>
<tr>
<th>Days in Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Digital Treatment Plan and Surgical Guide</strong></td>
</tr>
<tr>
<td><strong>Custom Abutments and Crowns</strong></td>
</tr>
<tr>
<td>Custom Abutments</td>
</tr>
<tr>
<td>Obsidian/BruxZir/IPS e.max/Prismatik CZ/Full-cast restoration</td>
</tr>
<tr>
<td>Obsidian/IPS e.max/Prismatik CZ/Full-cast over stock abutment</td>
</tr>
<tr>
<td>BruxZir over custom abutment</td>
</tr>
<tr>
<td>BruxZir over stock implant abutment</td>
</tr>
<tr>
<td>BruxZir, IPS e.max, or Obsidian screw-retained restoration</td>
</tr>
<tr>
<td><strong>Overdentures and Fixed Dentures</strong></td>
</tr>
<tr>
<td>Custom impression tray</td>
</tr>
<tr>
<td>Bite block</td>
</tr>
<tr>
<td>BruxZir Full-Arch or implant denture transfer/wax setup try-in</td>
</tr>
<tr>
<td>BruxZir Full-Arch or implant denture wax setup reset</td>
</tr>
<tr>
<td>BruxZir Full-Arch or implant denture wax setup to finish</td>
</tr>
<tr>
<td>Inclusive CAD/CAM-Milled Implant Bar</td>
</tr>
<tr>
<td>Implant verification jig</td>
</tr>
<tr>
<td>Wax setup try-in, implant verification jig and custom tray</td>
</tr>
<tr>
<td>BruxZir Full-Arch Implant Prosthesis finished</td>
</tr>
<tr>
<td><strong>BioTemps Provisionals</strong></td>
</tr>
<tr>
<td>BioTemps Provisionals</td>
</tr>
<tr>
<td>BioTemps cement over implant/cast-metal substructure/ screw-retained over implant</td>
</tr>
<tr>
<td><strong>Custom Healing Components</strong></td>
</tr>
<tr>
<td>Custom healing abutment with impression coping</td>
</tr>
<tr>
<td>Custom temporary abutment with impression coping</td>
</tr>
<tr>
<td>Prosthetic stent</td>
</tr>
</tbody>
</table>

**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 delivering may affect turnaround time.

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**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.

By submitting this prescription for Implant Guided Surgery, the Dentist agrees that they are qualified to perform the procedure documented in the treatment plan and has reviewed and approved the treatment plan prior to treatment. Furthermore, the Dentist agrees that all data provided to Glidewell Laboratories for the Purposes of this Prescription is accurate and approved by the Dentist. The Dentist agrees that Glidewell Laboratories is not responsible for improperly fitted surgical guides and assumes full responsibility for the review and acceptance of the treatment plan and surgical guides.

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

- **Glidewell Direct**
  - Hahn™ Guided Surgery System
- **Nobel Biocare**
  - NobelGuide®
  - Navigator®
- **BIOMET 3i™**
  - Navigator®
- **DENTSPLY Implants**
  - ASTRA TECH
  - OsseoSpeed®
  - TX Implant System
- **Straumann®**
  - Guided Surgery System
- **CAMLOG®**
  - Guide System
- **Zimmer Dental**
  - Tapered Screw-Vent®
  - Guided Surgery System

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