

• **IMPLANT GUIDED SURGERY Rx** •



**GLIDEWELL
LABORATORIES**

18551 Von Karman Ave. • Irvine, CA 92612

800-839-9755 • glidewelldental.com/dtp

Dr. Name _____ Phone # _____

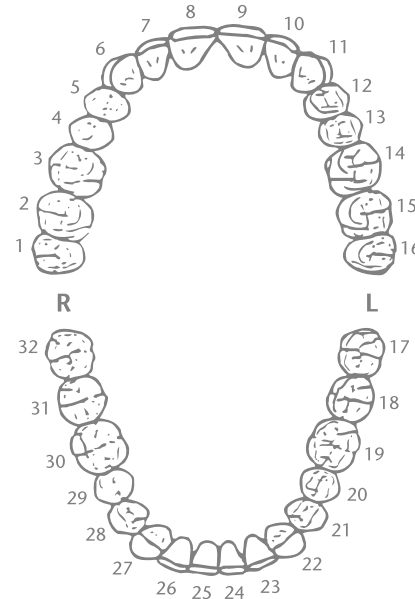
Acct. # _____ Patient Name _____
First Last

Address/Email _____ Deliver by 5 p.m. on See Reverse for Working Times
(Email address required for DTP cases)



**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



Tooth No. (s) _____

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®

See reverse for compatible guided surgery systems.

****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

Signature _____ License # _____
(see reverse for limited warranty details)

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).*

	Days in Lab
Digital Treatment Plan and Surgical Guide	13
Custom Abutments and Crowns	
Custom Abutments	8
Obsidian/BruxZir/IPS e.max/Prismatik CZ/Full-cast restoration	5
Obsidian/IPS e.max/Prismatik CZ/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
Overdentures and Fixed Dentures	
Custom impression tray	2
Bite block	3
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
Inclusive 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
BioTemps Provisionals	
BioTemps Provisionals.....	5
BioTemps cement over implant/cast-metal substructure/ screw-retained over implant.....	6
Custom Healing Components	
Custom healing abutment with impression coping.....	3
Custom temporary abutment with impression coping.....	5
Prosthetic stent	3



**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.*

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 glidewell dental.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.

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**

**Zimmer Dental
Tapered Screw-Vent®
Guided Surgery System**

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