



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

Carefully package your case, including this Rx, and tape box securely closed.
 Please allow five working days in lab.
 †Price is for two appliances for same case.

Dr. Name _____ Acct. # _____
 Phone # _____ Email _____
 Address _____
City/State/ZIP
 Patient Name _____ Male Female Age ____ Deliver by 5 p.m. on _____
First Last

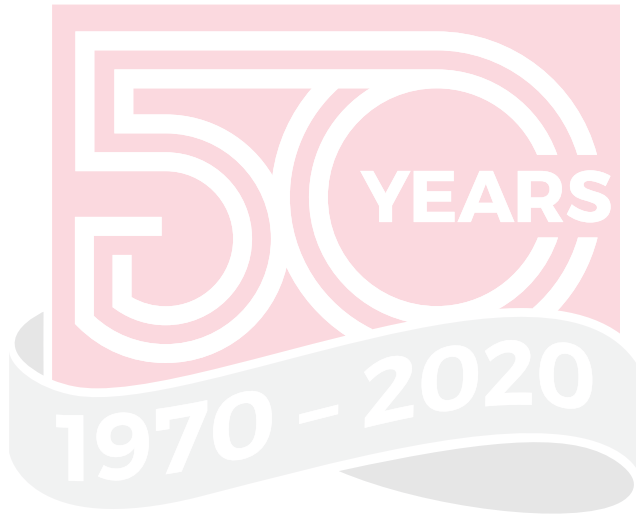
ENCLOSED WITH CASE

- Impressions Models Bite
 Other: _____

*Upper and lower impressions or models
 with bite registration required*



See reverse for time-saving clinical procedures



PLEASE COMPLETE THIS SECTION

Prescribe 2 and Save [†]	1 Appliance	2 Appliances [†]
Silent Nite Sleep Appliance	<input type="checkbox"/>	<input type="checkbox"/>
OASYS Hinge Appliance	<input type="checkbox"/>	<input type="checkbox"/>
EMA	<input type="checkbox"/>	<input type="checkbox"/>
dreamTAP	<input type="checkbox"/>	<input type="checkbox"/>
TAP 3 TL	<input type="checkbox"/>	<input type="checkbox"/>
TAP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scan & Save Services <input type="radio"/> Digitally scan model <input type="radio"/> Print digitally scanned model for reorder		

Signature _____
(see reverse for limited warranty details)

License # _____

Date _____

TERMS AND WARRANTY INFORMATION



All Restorations
Made in the USA

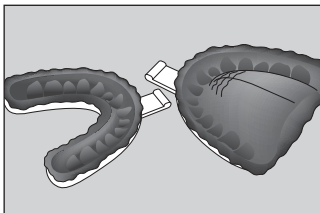
We honor VISA, MASTERCARD, AMEX and DISCOVER.

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.

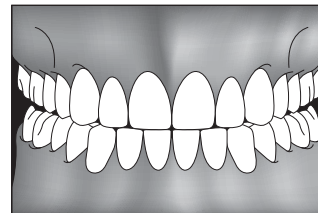
NO-FAULT REMAKE POLICY: Glidewell Laboratories is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit glidewelldental.com/policies-and-warranties.

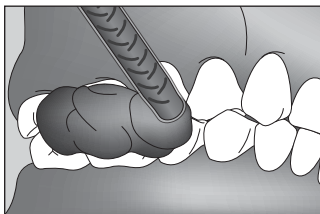
BITE REGISTRATION GUIDE FOR SLEEP APPLIANCES



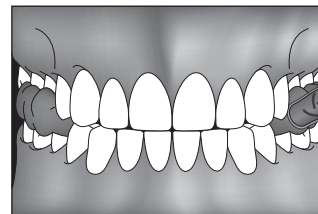
STEP 1: Take full-arch impressions of the maxilla and the mandible using VPS impression material.



STEP 2: Instruct the patient to move teeth into a comfortable protrusive position. If a protrusion gauge is not available, an edge-to-edge position is recommended.



STEP 3: With the patient in this protrusive position, inject bite registration material into the posterior opening of both quadrants.



STEP 4: Allow the material to fully set. Send the full-arch impressions, bite registration and a completed Rx to the lab for fabrication of the appliance.