| <b>G</b> Idewell  | Dr. Name        |  | Acct. #   |
|---|-----------------|--|---|
|   | Address         |  |   |
| 4141 MacArthur Blvd. • Newport Beach, CA 92660<br>800-407-3326 • Fax 800-411-9722 • glidewelldental.com | Phone #         |  | Email   |
|   | Patient Name/ID | First Las  | t Male 🗋 Female   |
|   |                 |  |   |
| WEBR  | * D E F J 8 2 * |  | <ul> <li>Special Bite Splint Rx Offer*</li> <li>1. Carefully package your case, including this Rx, and tape box securely closed.</li> <li>2. To schedule shipping pickup, call us at 800-854-7256.</li> <li>3. Please allow four working days in lab.</li> <li>Offer expires March 31, 2021. *Price does not include round-trip shipping or applicable taxes. Limit one specially priced Rx per case. Web offer can only be used once per account. Special pricing not valid with any other offer.</li> <li>*Glidewell Clinical Twinpak is valid for two appliances for the same case.</li> </ul> |
|   | RS<br>//<br>20  | $\begin{array}{c} 1 & 30 & 26 & 23 & 19 \\ 29 & 25 & 24 & 20 \\ 28 & 27 & 21 & 21 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 22 & 27 \\ 22 & 27 & 27$ | Upper and lower impressions or models<br>with bite registration required<br>(CHOOSE ONE)<br>O Upper Arch O Lower Arch   |
|   |                 |  | <ul> <li>Comfort3D Bite Splint Glidewell Clinical<br/>Twinpak<sup>†</sup>\$117<sup>*</sup></li> <li>Comfort3D Bite Splint\$69<sup>*</sup></li> </ul>  |
| Signature   | License #       | Date   | ENCLOSED WITH CASE  |

## **TERMS AND WARRANTY INFORMATION**



**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**.

