



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

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule shipping pickup, call us at **800-854-7256**.
3. Please allow five working days in lab, except where noted.
4. Use this Rx for your next sleep appliance case.

**Glidewell Clinical Twinpak is valid for two appliances for the same case.*

†Silent Nite stops the snoring or return it within 90 days. OASYS Hinge Appliance, EMA, dreamTAP or TAP 3 TL stops the snoring or return it within 60 days.

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

Rx See reverse for time-saving clinical procedures



Stops snoring or your money back†

PLEASE COMPLETE THIS SECTION

	1 Appliance	Glidewell Clinical Twinpak [†] One for Relief, One for Reserve
Silent Nite Sleep Appliance <small>(only 3 working days in lab)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Silent Nite with Glidewell Hinge <small>(PDAC-approved for Medicare: E0486)</small>	<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"/>
<input type="checkbox"/> Scan & Save Services <input type="radio"/> Digitally scan model <input type="radio"/> Print digitally scanned model for reorder		

Signature _____ License # _____ Date _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

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 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.

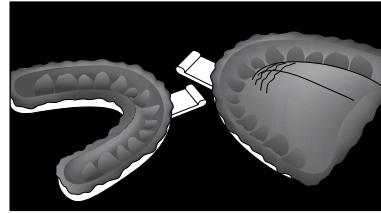


- Mandibular Advancement Devices

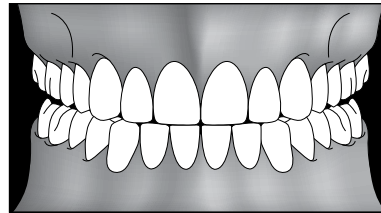


All Restorations
Made in the USA

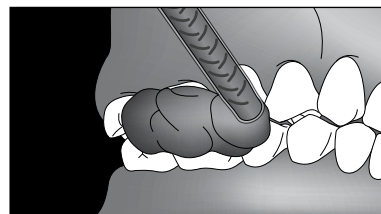
BITE REGISTRATION GUIDE FOR SLEEP APPLIANCES



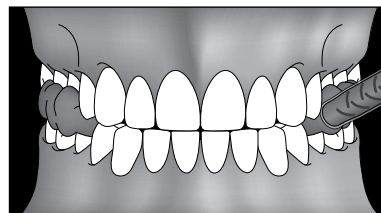
STEP 1: Take full-arch impressions of the maxilla and the mandible using VPS impression material.



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.

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.