



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. EMA, dreamTAP, TAP 3 TL or flexTAP stops the snoring or return it within 60 days.*

Dr. Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
City/State/ZIP  
 Patient ID/Name \_\_\_\_\_  
First Last  
 Deliver by 5 p.m. on \_\_\_\_\_

**ENCLOSED WITH CASE**

Impressions  Models  Bite

Other: \_\_\_\_\_

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



**Stops snoring  
or your money back†**



**PLEASE COMPLETE THIS SECTION**

	<b>One Appliance</b>	<b>Glidewell Clinical Twinpak<sup>†</sup></b> One for Home, One for Travel
<b>NEW! Silent Nite 3D</b> <i>Digital impressions only Only 3 working days in lab</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Silent Nite</b> (PDAC-approved for Medicare: E0486) <i>Only 3 working days in lab</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Silent Nite with Glidewell Hinge</b> (PDAC-approved for Medicare: E0486)	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMA</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>flexTAP</b> (PDAC-approved for Medicare: E0486)	<input type="checkbox"/>	<input type="checkbox"/>
<b>dreamTAP</b> (PDAC-approved for Medicare: E0486)	<input type="checkbox"/>	<input type="checkbox"/>
<b>TAP 3 TL</b> (PDAC-approved for Medicare: E0486)	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_

License # \_\_\_\_\_ Date \_\_\_\_\_

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

**Scan & Save Services**

Digitally scan model

## 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](http://glidewell.com/policies-and-warranties).

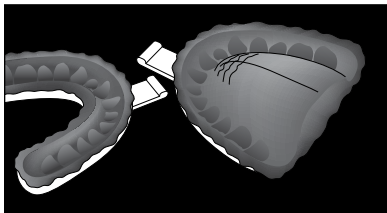


- Silent Nite 3D
- dreamTAP
- TAP 3 TL
- EMA

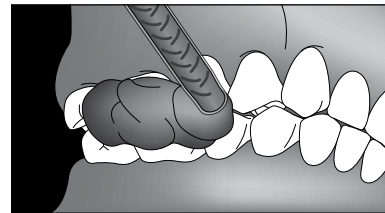


- Silent Nite
- Silent Nite with Glidewell Hinge
- flexTAP

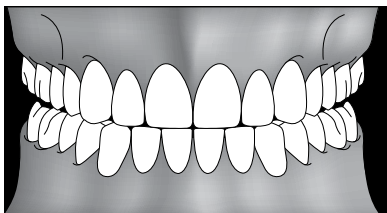
## BITE REGISTRATION GUIDE FOR SLEEP APPLIANCES



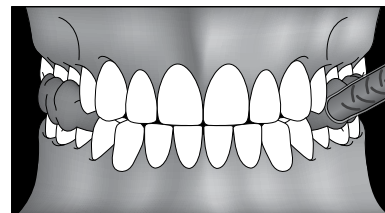
**STEP 1:** Take full-arch impressions of the maxilla and the mandible using VPS impression material.



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



**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 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.*



All Restorations  
Made in the USA