



4141 MacArthur Blvd. • Newport Beach, CA 92660
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Dr. Name _____ Phone # _____

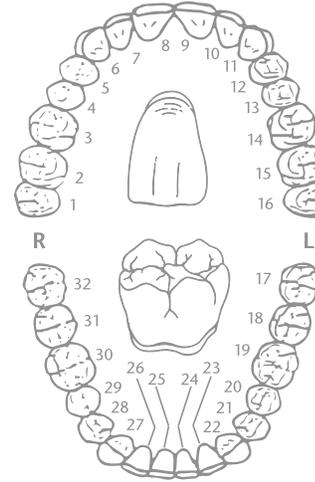
Acct. # _____ Patient ID/Name _____

First Last

Address/Email _____ **Deliver by 5 p.m. on _____**

Enclosed with case: Impressions Models Bite Registration Photos Other: _____

Rx



Signature _____ License # _____ Date _____
 (see reverse for limited warranty details) **NOTE: Lab will advise on clasp design relative to the patient's undercut.**

DENTURES/FLIPPERS/FLEXIBLE PARTIALS

Denture
 Handcrafted Denture
 Digital Denture
 Immediate Digital Denture
 Immediate Denture
 Duplicate Digital Denture
 Reference Digital Denture

Partial
 Flipper
 Valplast
 tcs
 DuraFlex

Select Phase
 Custom tray
 Bite rim
 Setup try-in
 Finish

Digital Denture Teeth
 Shade _____ Mould _____

Select Teeth for Partial and Handcrafted Dentures

Kenson Teeth (Standard)
 Shade _____ Mould _____

Premium Brand Teeth (Extra Charge)
 Shade _____ Mould _____ Brand _____

Tooth Setup
 Ideal Characterized Study model
 Masculine Feminine Age _____

Gingival Shade
 Std. G1 Dark G4 Med. G3

Flexible Partial Shade
 Lt. Pink Lt./Dark Pink Standard Dark Pink

SIMPLY NATURAL METAL PARTIALS
Metal frame with acrylic and Kenson teeth

Frame Material
 SLM-printed cobalt chrome frame
 Valplast/SLM-printed cobalt chrome frame
 tcs/SLM-printed cobalt chrome frame
 Lab select complete design

Phase
 Metal frame try-in
 Printed frame try-in
 Frame w/occlus. rim
 Frame w/setup try-in
 Finish
 Scan/Save File (extra charge applies)

Esthetic Clasp Material (extra charge applies)
 Valplast/SLM-printed cobalt chrome frame
 tcs/SLM-printed cobalt chrome frame
 Lab select complete design

CAD/CAM-milled acetal partial

Color: _____

PLAYSAFE MOUTHGUARDS

Junior Light Light Pro
 Medium* Heavy Heavy Pro

Helmet strap _____

Specify color(s) on Rx

Name _____

COMBINATION CROWNS & PARTIALS

Fabricate RPD to fit restoration
 Future RPD
 SLM-printed cobalt chrome frame
 Valplast
 Attachments
 Obsidian Non-Precious
 Obsidian Noble
 BruxZir Full-Strength* (> 1,000 MPa)
 BruxZir Esthetic (870 MPa)

MIGRAINE PREVENTION

NTI-tss Plus NTI OmniSplint
 Upper Lower

SNORING/SLEEP APNEA APPLIANCES
(Upper and lower models with protrusive bite required)

Buy 1 Glidewell Clinical Scan/Save File Twinpak†

Silent Nite Sleep Appliance*
 Silent Nite with Glidewell Hinge
 OASYS Hinge Appliance
 EMA
 TAP 3 TL
 dreamTAP
 flexTAP

FINAL SHADE

Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE

Indicate Shade Here

OCCUSAL STAINING
 None Light* Medium Dark

PONTIC DESIGN

MARGIN AND METAL DESIGN

Labial Butt 360° Butt Junction Junction

*

*

NIGHTGUARDS/RETAINERS

Upper Arch Lower Arch
 Buy 1 Glidewell Clinical Scan/Save File Twinpak†

Comfort3D (3D-printed, hard) Soft nightguard
 Comfort H/S (hard with soft relin)*
 CLEARsplint (self-adjusting, hard)

Clear-Lock Retainers:
 quantity of 2 quantity of 4 quantity of 6

Clear Ortho Retainer Hawley Retainer
 Essix Retainer (1-tooth) Bleaching Tray

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 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.

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.

PREPARATION GUIDELINES

Rest Preparations

Occlusal Rest



1/3 width of faciolingual,
1/2 width of cusp tips

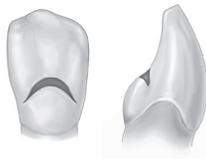


Rest depth at least 1 mm

Channel Rest



Inverted V Rest



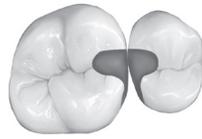
Guide Plane



Retentive Prep



Interproximal Preparation



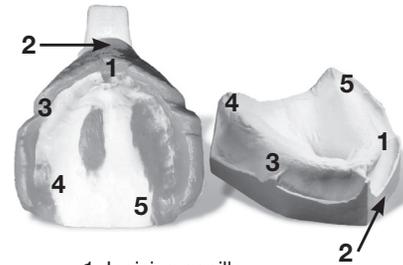
Occlusal rests only



Rests with
buccal/lingual access

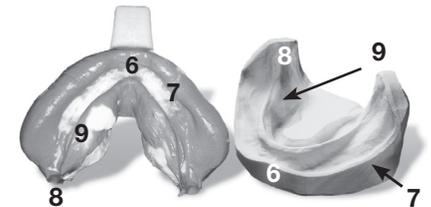
Impressions/Model

Maxillary Arch



1. Incisive papilla
2. Labial frenum
3. Buccal frenum
4. Maxillary tuberosity
5. Hamular notch

Mandibular Arch



6. Labial frenum
7. Buccal frenum
8. Retromolar pad
9. Mylohyoid ridge

Recommended Impression Materials:

- Vinyl polysiloxane (Capture[®], Imprint[™], Take 1[™], Aquasil, Splash![®], etc.) – *light, regular or monophasic viscosities recommended*
- Polyether (Impregum[™], Permadyne[™])