



4141 MacArthur Blvd. • Newport Beach, CA 92660
 800-726-3590 • Fax 800-411-9722 • glidewell.com

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: _____

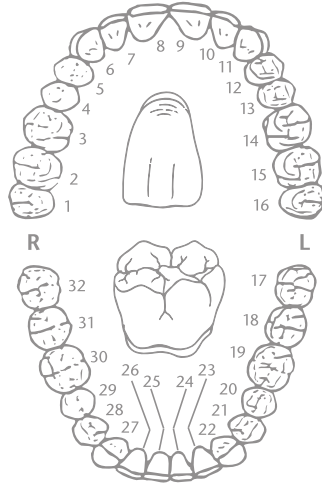
25% off 3D Flexible Partial on this Rx

Offer expires Sept. 30, 2026. Limit one specially priced Rx per case. Rx offer can only be used once per account. Special pricing not valid with any other offer.



COUPON CODE:

25% off one 3D Flexible Partial appliance (limit 1)
 Expires: 09/30/26



DENTURES/FLIPPERS/FLEXIBLE PARTIALS

- | | | |
|--|---|---------------------------------------|
| Denture | Partial | Select Phase |
| <input type="checkbox"/> Handcrafted Denture | <input type="checkbox"/> Flipper | <input type="checkbox"/> Custom tray |
| <input type="checkbox"/> Digital Denture | <input type="checkbox"/> Valplast | <input type="checkbox"/> Bite rim |
| <input type="checkbox"/> Immediate Digital Denture | <input type="checkbox"/> tcs | <input type="checkbox"/> Setup try-in |
| <input type="checkbox"/> Immediate Denture | <input type="checkbox"/> DuraFlex | <input type="checkbox"/> Finish |
| <input type="checkbox"/> Duplicate Digital Denture | <input type="checkbox"/> Digital Flexible Partial | |
| <input type="checkbox"/> Reference Digital Denture | | |

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	Flexible Partial Shade
<input type="checkbox"/> Std. G1	<input type="checkbox"/> Lt. Pink
<input type="checkbox"/> Med. G3	<input type="checkbox"/> Standard
<input type="checkbox"/> Dark G4	<input type="checkbox"/> Lt./Dark Pink
	<input type="checkbox"/> Dark Pink

SIMPLY NATURAL METAL PARTIALS

Metal frame with acrylic and Kenson teeth

- | | |
|---|--|
| Frame Material | Phase |
| <input type="checkbox"/> SLM-printed cobalt chrome frame | <input type="checkbox"/> Metal frame try-in |
| Esthetic Clasp Material (extra charge applies) | <input type="checkbox"/> Printed frame try-in |
| <input type="checkbox"/> Valplast/SLM-printed cobalt chrome frame | <input type="checkbox"/> Frame w/occlus. rim |
| <input type="checkbox"/> tcs/SLM-printed cobalt chrome frame | <input type="checkbox"/> Frame w/setup try-in |
| <input type="checkbox"/> Lab select complete design | <input type="checkbox"/> Finish |
| | <input type="checkbox"/> Scan/Save File (extra charge applies) |

CAD/CAM-milled acetal partial
 Color: _____

FINAL SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

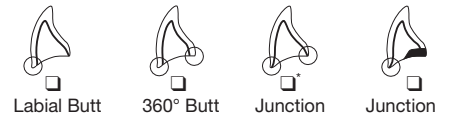
OCCUSAL STAINING

- None Light* Medium Dark

PONTIC DESIGN



MARGIN AND METAL DESIGN



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)

Signature _____

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

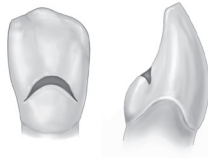


Rest depth at least 1 mm

Channel Rest



Inverted V Rest



Guide Plane



Retentive Prep



Interproximal Preparation



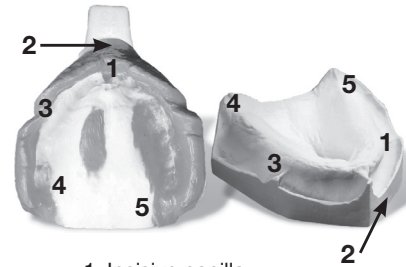
Occlusal rests only



Rests with
buccolingual access

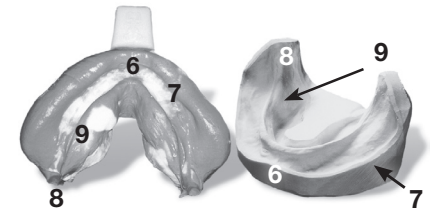
Impressions/Model

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[™])