



4141 MacArthur Blvd. • Newport Beach, CA 92660  
 800-726-3590 • Fax 800-411-9722 • [glidewell.com](http://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: \_\_\_\_\_

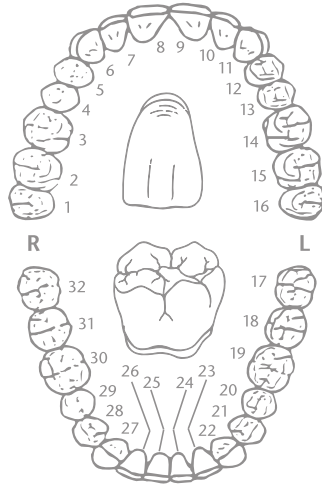
**25% off 3D Flexible Partial on this Rx**

**Offer expires Oct. 31, 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.

**Rx**

**COUPON CODE:**

25% off one 3D Flexible Partial appliance (limit 1)  
 Expires: 10/31/26



**DENTURES/FLIPPERS/FLEXIBLE PARTIALS**

- |                                                    |                                                   |                                       |
|----------------------------------------------------|---------------------------------------------------|---------------------------------------|
| <b>Denture</b>                                     | <b>Partial</b>                                    | <b>Select Phase</b>                   |
| <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 \_\_\_\_\_

<b>Gingival Shade</b>	<b>Flexible Partial Shade</b>
<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*

- |                                                                   |                                                                |
|-------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Frame Material</b>                                             | <b>Phase</b>                                                   |
| <input type="checkbox"/> SLM-printed cobalt chrome frame          | <input type="checkbox"/> Metal frame try-in                    |
| <b>Esthetic Clasp Material (extra charge applies)</b>             | <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

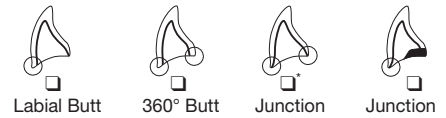
**OCCUSAL STAINING**

- 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](http://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

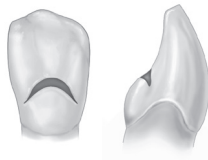


Rest depth at least 1 mm

#### Channel Rest



#### Inverted V Rest



#### Guide Plane



#### Retentive Prep



#### Interproximal Preparation



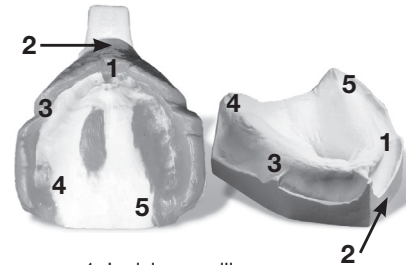
Occlusal rests only



Rests with  
buccolingual access

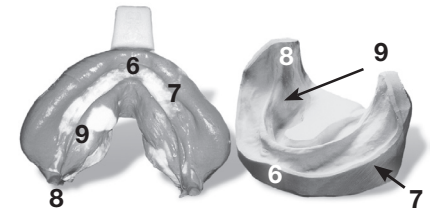
### Impressions/Model

#### 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™)