REMOVABLES SPECIAL OFFER RX

Glidewell

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: _____

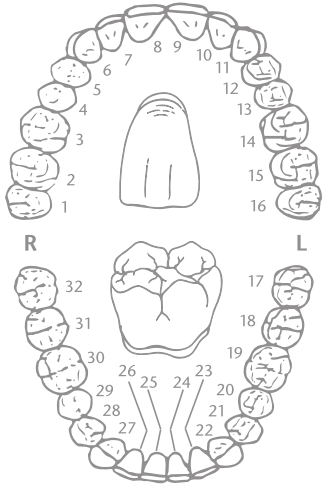
25% off 3D Flexible Partial on this Rx

Offer expires January 31, 2027. *Limit one specially priced Rx per case. Rx offer can only be used once per account. Special pricing not valid with any other offer. For full offer details, go to glidewell.com/promotions.*

℞

COUPON CODE:
25% off one 3D Flexible Partial appliance (limit 1)
Expires: 01/31/27

* P M H T 9 9 *



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
- ❑ Digital Flexible Partial

Select Phase
- ❑ Custom tray
- ❑ Bite rim
- ❑ Setup try-in
- ❑ Finish

Digital Denture Teeth

Shade _____ Mould _____

Select Teeth for Partials and Handcrafted Dentures

❑ **Kenson Teeth** *(Standard)*

Shade _____ Mould _____

❑ **Premium Brand Teeth** *(Extra Charge)*

Shade _____ Mould _____ Brand _____

Tooth Setup
- ❑ Ideal
- ❑ Masculine
- ❑ Characterized
- ❑ Feminine
- ❑ Study model
- ❑ Age _____

Gingival Shade
- ❑ Std. G1
- ❑ Med. G3
- ❑ Dark G4

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

SIMPLY NATURAL METAL PARTIALS

Metal frame with acrylic and Kenson teeth

Frame Material
- ❑ SLM-printed cobalt chrome frame

Esthetic Clasp Material ***(extra charge applies)***
- ❑ 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)

❑ CAD/CAM-milled acetal partial

Color: _____

FINAL SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

OCCLUSAL STAINING

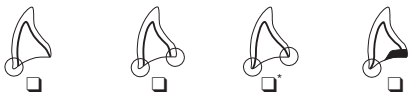
❑ None ❑ Light* ❑ Medium ❑ Dark

PONTIC DESIGN



❑ ❑ ❑* ❑ ❑

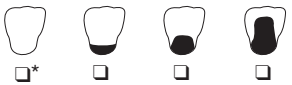
MARGIN AND METAL DESIGN



❑ Labial Butt ❑ 360° Butt ❑* Junction ❑ Junction



❑* ❑ ❑ ❑ ❑



❑* ❑ ❑ ❑

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 _____

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*Standard unless specified otherwise.

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



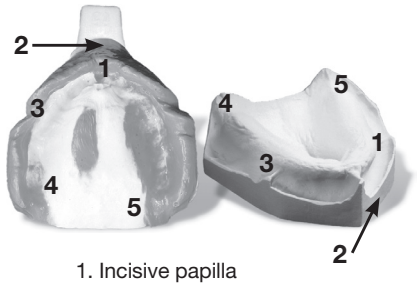
Occlusal rests only



Rests with
buccolingual access

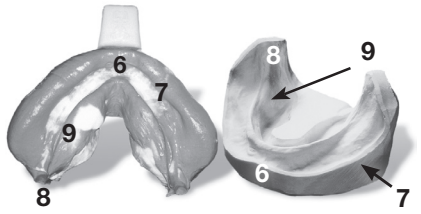
Impressions/Model

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 monophase viscosities recommended*
- Polyether (Impregum™, Permadyne™)

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