



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

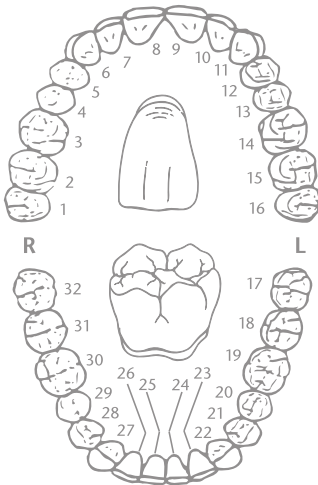
Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

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

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

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 <input type="checkbox"/> Handcrafted Denture <input type="checkbox"/> Digital Denture <input type="checkbox"/> Immediate Digital Denture <input type="checkbox"/> Immediate Denture <input type="checkbox"/> Duplicate Digital Denture <input type="checkbox"/> Reference Digital Denture	Partial <input type="checkbox"/> Flipper <input type="checkbox"/> Valplast <input type="checkbox"/> tcs <input type="checkbox"/> DuraFlex <input type="checkbox"/> Digital Flexible Partial	Select Phase <input type="checkbox"/> Custom tray <input type="checkbox"/> Bite rim <input type="checkbox"/> Setup try-in <input type="checkbox"/> Finish
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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 <input type="checkbox"/> SLM-printed cobalt chrome frame Esthetic Clasp Material (extra charge applies) <input type="checkbox"/> Valplast/SLM-printed cobalt chrome frame <input type="checkbox"/> tcs/SLM-printed cobalt chrome frame <input type="checkbox"/> Lab select complete design	Phase <input type="checkbox"/> Metal frame try-in <input type="checkbox"/> Printed frame try-in <input type="checkbox"/> Frame w/occlus. rim <input type="checkbox"/> Frame w/setup try-in <input type="checkbox"/> Finish <input type="checkbox"/> Scan/Save File (extra charge applies) <input type="checkbox"/> CAD/CAM-milled acetal partial Color: _____
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PLAYSAFE MOUTHGUARDS
☐ Junior ☐ Medium*
☐ Light ☐ Heavy
☐ Light Pro ☐ 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

PRESENT TOOTH OR STUMP SHADE

OCCUSAL STAINING
☐ None ☐ Light* ☐ Medium ☐ Dark
PONTIC DESIGN

MARGIN AND METAL DESIGN

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

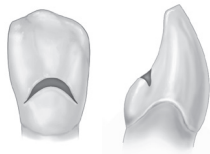


Rest depth at least 1 mm

Channel Rest



Inverted V Rest



Guide Plane



Retentive Prep



Interproximal Preparation



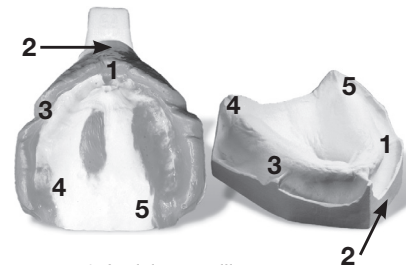
Occlusal rests only



Rests with
buccal/lingual access

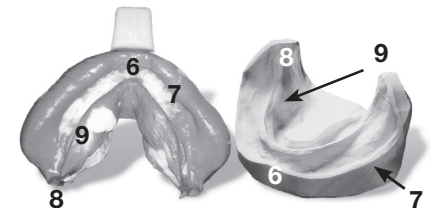
Impressions/Model

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™)