

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 \_\_\_\_\_

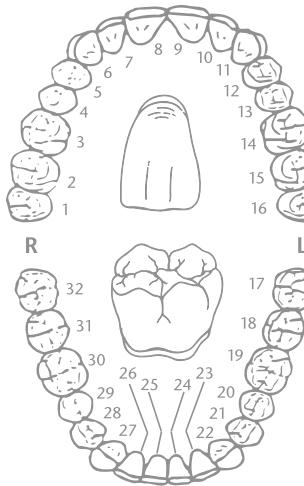
Address/Email \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_

 Enclosed with case:  Impressions  Models  Bite Registration  Photos  Other: \_\_\_\_\_

Rx

Signature \_\_\_\_\_ License # \_\_\_\_\_

(see reverse for limited warranty details)



Indicate Shade Here



Indicate Shade Here



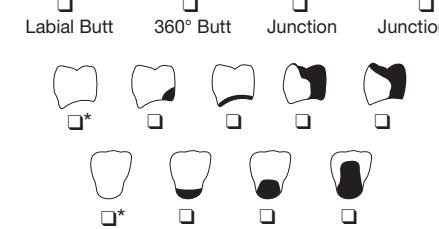
OCCLUSAL STAINING



PONTIC DESIGN



MARGIN AND METAL DESIGN



NIGHTGUARDS/RETAINERS

<input type="checkbox"/> Upper Arch	<input type="checkbox"/> Lower Arch	
<input type="radio"/> Buy 1	<input type="radio"/> Glidewell Clinical	<input type="radio"/> Scan/Save File
Twinpак <sup>†</sup>		
<input type="checkbox"/> Comfort3D (3D-printed, hard)		
<input type="checkbox"/> Comfort H/S (hard with soft reline)*		
<input type="checkbox"/> CLEARsplint (self-adjusting, hard)		
<input type="checkbox"/> Clear-Lock Retainers:		
<input type="radio"/> quantity of 2		
<input type="radio"/> quantity of 4		
<input type="radio"/> quantity of 6		
<input type="checkbox"/> Clear Ortho Retainer		
<input type="checkbox"/> Hawley Retainer		
<input type="checkbox"/> Essix Retainer (1-tooth)		
<input type="checkbox"/> Bleaching Tray		

**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	
<input type="checkbox"/> Reference Digital Denture	Partial	

**Digital Denture Teeth**

Shade \_\_\_\_\_ Mould \_\_\_\_\_

**Select Teeth for Partials and Handcrafted Dentures**

<input type="checkbox"/> Kenson Teeth (Standard)	
Shade _____	Mould _____
<input type="checkbox"/> Premium Brand Teeth (Extra Charge)	
Shade _____	Mould _____
Brand _____	

Tooth Setup		
<input type="checkbox"/> Ideal	<input type="checkbox"/> Characterized	<input type="checkbox"/> Study model
<input type="checkbox"/> Masculine	<input type="checkbox"/> Feminine	<input type="checkbox"/> Age _____

Gingival Shade	Flexible Partial Shade
<input type="checkbox"/> Std. G1	<input type="checkbox"/> Dark G4
<input type="checkbox"/> Med. G3	<input type="checkbox"/> Lt. Pink
	<input type="checkbox"/> Standard
	<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
<input type="checkbox"/> Valplast/SLM-printed cobalt chrome frame	<input type="checkbox"/> Printed frame try-in
<input type="checkbox"/> tcs/SLM-printed cobalt chrome frame	<input type="checkbox"/> Frame w/occlus. rim
<input type="checkbox"/> Lab select complete design	<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

**PLAYSAFE MOUTHGUARDS**

Junior	Medium*
<input type="checkbox"/> Light	<input type="checkbox"/> Heavy
<input type="checkbox"/> Light Pro	<input type="checkbox"/> Heavy Pro
<input type="checkbox"/> Helmet strap _____	
<b>Specify color(s) on Rx</b>	
<input type="checkbox"/> Name _____	

**COMBINATION CROWNS & PARTIALS**

<input type="checkbox"/> Fabricate RPD to fit restoration
<input type="checkbox"/> Future RPD
<input type="radio"/> SLM-printed cobalt chrome frame
<input type="radio"/> Valplast
<input type="radio"/> Attachments
<input type="checkbox"/> Obsidian Non-Precious
<input type="checkbox"/> Obsidian Noble
<input type="checkbox"/> BruxZir Full-Strength* (> 1,000 MPa)
<input type="checkbox"/> BruxZir Esthetic (870 MPa)

**MIGRAINE PREVENTION**

<input type="checkbox"/> NTI-tss Plus	<input type="checkbox"/> NTI OmniSplint
<input type="radio"/> Upper	<input type="radio"/> Lower

**SNORING/SLEEP APNEA APPLIANCES**

(Upper and lower models with protrusive bite required)

<input type="checkbox"/> Buy 1	<input type="radio"/> Glidewell Clinical	<input type="radio"/> Scan/Save File
Twinpак <sup>†</sup>		
<input type="checkbox"/> Silent Nite Sleep Appliance*		
<input type="checkbox"/> Silent Nite with Glidewell Hinge		
<input type="checkbox"/> OASYS Hinge Appliance		
<input type="checkbox"/> EMA		
<input type="checkbox"/> TAP 3 TL		
<input type="checkbox"/> dreamTAP		
<input type="checkbox"/> flexTAP		



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

##### Inverted V Rest



##### Guide Plane



Rest depth at least 1 mm

##### Interproximal Preparation



Occlusal rests only



Rests with  
buccal/lingual access

##### Channel Rest

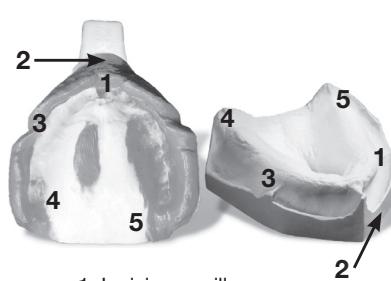


##### Retentive Prep



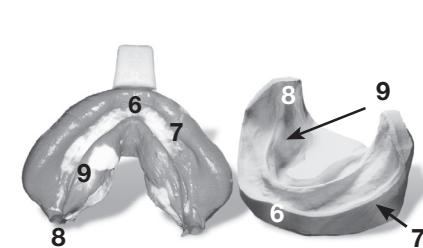
#### Impressions/Model

##### 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™)