DENTAL SLEEP MEDICINE RX

Glidewell

4141 MacArthur Blvd. • Newport Beach, CA 92660
800-407-3326 • Fax 800-411-9722 • glidewell.com

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule shipping pickup, call us at **800-854-7256**.
3. Please allow five working days in lab, except where noted.
4. Use this Rx for your next sleep appliance case.

**Glidewell Clinical Twinpak is valid for two appliances for the same case. ¨Covered by many private medical insurance carriers but not covered by Medicare; check with your patient's insurance policy to determine eligibility. †Silent Nite stops the snoring or return it within 90 days. EMA, dreamTAP, TAP 3 TL or flexTAP stops the snoring or return it within 60 days.*

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____
City/State/ZIP

Patient ID/Name _____
First Last

Deliver by 5 p.m. on _____

ENCLOSED WITH CASE

❑ Impressions ❑ Models ❑ Bite

❑ Other: _____

Upper and lower impressions or models with bite registration required

WEB Rx

Stops snoring or your money back†

* B E T A 4 2 *

PLEASE COMPLETE THIS SECTION

	One Appliance	Glidewell Clinical Twinpak* One for Home, One for Travel
Silent Nite 3D (PDAC-approved for private insurance¨: K1027) *Only 3 working days in lab*	❑	❑
Silent Nite (PDAC-approved for Medicare: E0486) *Only 3 working days in lab*	❑	❑
Silent Nite with Glidewell Hinge (PDAC-approved for Medicare: E0486)	❑	❑
EMA	❑	❑
flexTAP (PDAC-approved for Medicare: E0486)	❑	❑
dreamTAP (PDAC-approved for Medicare: E0486)	❑	❑
TAP 3 TL (PDAC-approved for Medicare: E0486)	❑	❑

Scan & Save Services

❑ **Digitally scan model**

Signature _____

License # _____ Date _____

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

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MKT-012693_9 P/N 1010460 GL-435481-062326

TERMS AND WARRANTY INFORMATION

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***.

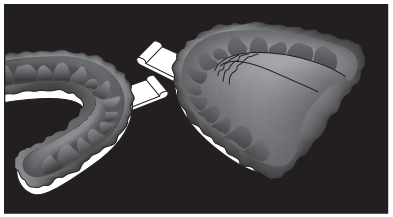


- **dreamTAP**
- **TAP 3 TL**
- **EMA**

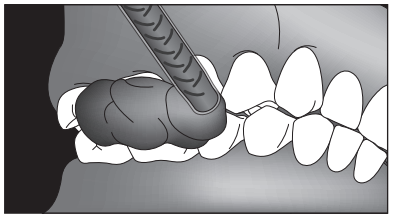


- **Silent Nite**
- **Silent Nite 3D**
- **Silent Nite with Glidewell Hinge**
- **flexTAP**

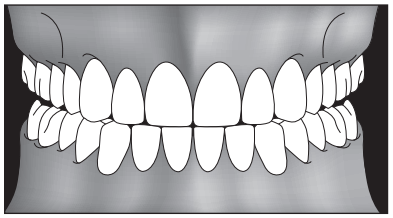
BITE REGISTRATION GUIDE FOR SLEEP APPLIANCES



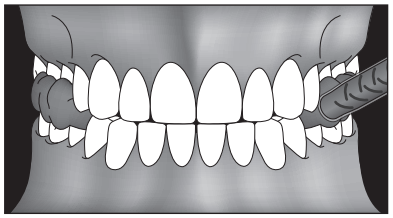
STEP 1: Take full-arch impressions of the maxilla and the mandible using VPS impression material.



STEP 3: With the patient in this protrusive position, inject bite registration material into the posterior opening of both quadrants.



STEP 2: Instruct the patient to move teeth into a comfortable protrusive position. If a protrusion gauge is not available, an edge-to-edge position is recommended.



STEP 4: Allow the material to fully set. Send the full-arch impressions, bite registration and a completed Rx to the lab for fabrication of the appliance.

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.

All Restorations Made in the USA