

IMPLANT REMOVABLE RX



4141 MacArthur Blvd. • Newport Beach, CA 92660
800-839-9755 • Fax 800-411-9722 • glidewell dental.com

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____

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

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

Rx

☐ Upper ☐ Lower

Tooth Shade _____

Gingival Shade _____

Implant System _____

Implant Diameter _____ mm

Stage of Service Needed:

☐ Wax rim

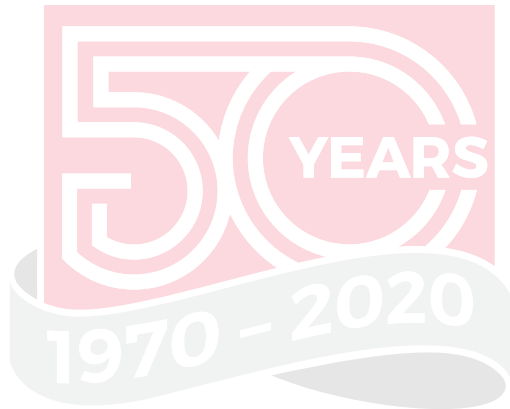
☐ Implant verification jig (IVJ)

☐ Diagnostic setup

☐ Reset

☐ Final prosthesis/overdenture

(see reverse for compatible implant systems and limited warranty details)



Signature _____ License # _____ Date _____

(see reverse for limited warranty details)

ACCESS HOLES ON FACIAL

☐ Call doctor ☐ No call needed

☐ Provide angle correcting abutments
(Extra charge applies)

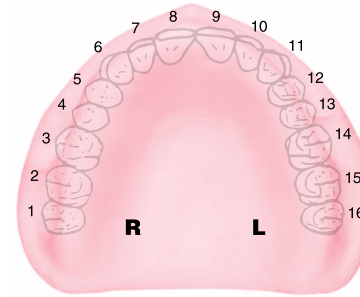
Tooth setup: ☐ Ideal ☐ Characterized ☐ Copy study model

☐ Copy existing denture ☐ Add lip support

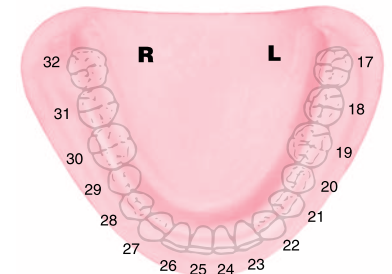
☐ Male ☐ Female Age _____

Acrylic shade: ☐ G1 (Standard) ☐ G3 (Med) ☐ G4 (Dk)

* PLEASE COMPLETE THIS SECTION *



DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS: _____mm
UPPER AP SPREAD X 1.5: _____mm



DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS: _____mm
LOWER AP SPREAD X 1.5: _____mm

IMPLANT DENTURE APPLIANCE (CHOOSE ONE)

☐ Screw-Retained Hybrid Denture[†]

(Premium teeth standard)

☐ Bite splint (Additional fee applies)

☐ Locator Bar Overdenture[†]

(Premium teeth standard)

☐ Locator Overdenture[†]

(Kenson teeth standard)

☐ Mini Implant Overdenture

(Kenson teeth standard)

☐ Denture fully edentulous (Kenson teeth standard)

☐ Duplicate denture

☐ Kenson teeth (Included at no extra charge)

Shade _____ Mould _____

☐ Premium brand teeth (Extra charge may apply)

Shade _____ Brand _____ Mould _____

☐ Name on appliance (Additional charge)

MINI IMPLANTS WITH O-BALL HEAD

☐ Ø2.2 mm ☐ Ø2.5 mm ☐ Ø3.0 mm

PROSTHETIC STENT

Tooth # _____

☐ Fully edentulous

☐ Acrylic ☐ Vacuum formed

Pilot Holes: ☐ Yes ☐ No Dia: _____mm

Radiographic Markers: ☐ Gutta percha
☐ Barium (20%)

DENTURE REINFORCEMENT

☐ Horseshoe cast palate

☐ Cast mesh 360° wraparound

[†]Half of payment is due after first appointment; half is due at final delivery. [†]Price does not include multi-unit abutments and may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system.

IMPLANT WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.

Days in Lab

Screw-Retained Hybrid Denture

Wax rim	5
Wax setup reset/implant verification jig	4
Wax setup to finish	10
Fabricate CAD/CAM titanium framework.....	7
Final transfer of setup onto titanium framework	5
Process acrylic and denture teeth onto framework	10

Locator CAD/CAM-Milled Bar Overdenture

Wax rim	5
Wax setup reset/implant verification jig	4
Wax setup to finish.....	6
Fabricate CAD/CAM titanium framework and final setup.....	12
Process acrylic, denture teeth and Locator attachments	6

Locator Implant Overdenture

Wax rim	5
Wax setup to finish.....	6
Wax setup reset	4
Process final denture including Locator processing caps	6

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 Laboratories 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 glidewelldental.com/policies-and-warranties.

LOCATOR IMPLANT OVERDENTURES ARE AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®
External Hex (4.1 mm)

CAMLOG®
SCREW-LINE

DENTSPLY Implants
ASTRA TECH Implant System®
ASTRA TECH Implant System® EV

Glidewell Direct
Hahn™ Tapered Implant System
Inclusive® Tapered
Implant System

Keystone Dental
PrimaConnex®

Neoss®
Neoss® Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level

Zimmer Dental
Screw-Vent®

*Inclusive is a registered trademark of PrismaDent Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaDent Dentalcraft, Inc.
All other trademarks are property of their respective owners. Prices vary for BIOMET 3i External Hex (4.1 mm),
CAMLOG, Keystone Dental, Neoss and Straumann.*



All Restorations Made in the USA

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.