

REMOVABLE APPLIANCE RX



4141 MacArthur Blvd. • Newport Beach, CA 92660

800-726-3590 • Fax 800-411-9722 • glidewell dental.com

Dr. Name _____ Phone # _____

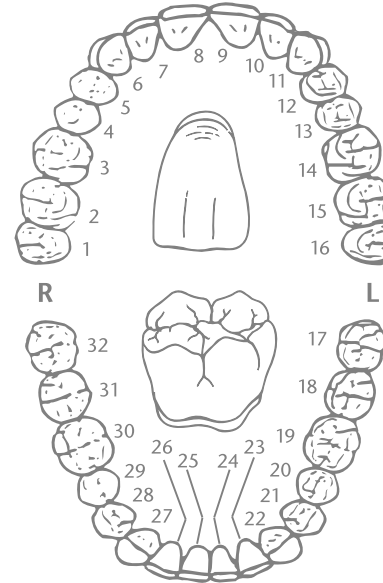
Patient ID/Name _____ Acct. # _____

First Last

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

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ 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/FLEXIBLE PARTIALS

- ☐ **Simply Natural**
☐ Digital Express Denture ☐ Handcrafted Denture
☐ Smart Denture (3D-printed immediate)
- ☐ **Flexible Partial**
☐ Valplast ☐ tcs ☐ DuraFlex ☐ ThermoDent
- ☐ Dupe denture

Handcrafted ☐ Custom tray ☐ Occlusion rim
Denture Phase: ☐ Wax setup try-in ☐ Finish

Tooth Setup: ☐ Ideal ☐ Characterized ☐ Study model
☐ Male ☐ Female Age _____

Acrylic Shade: ☐ Std G1 ☐ Ethnic: ☐ Med G3 ☐ Dark G4

tcs Flexible ☐ Lt Pink ☐ Std Pink

Partial Shade: ☐ Lt/Dark Pink ☐ Dark Pink

☐ **Kenson Teeth (Included at no extra charge)**
 Shade _____ Mould _____

☐ **Premium Brand Teeth (Extra charge applies)**
 Shade _____ Brand _____ Mould _____

SIMPLY NATURAL METAL PARTIALS

Metal frame with acrylic and Kenson teeth

Frame Material

- ☐ Vitallium 2000
☐ Vitallium 2000 Plus

Esthetic Clasp Material (extra charge applies)

- ☐ Valplast/Vitallium
☐ tcs/Vitallium
☐ 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

☐ Acetal partial Shade: _____

PLAYSAFE MOUTHGUARDS

- ☐ Jr ☐ Lt ☐ Lt Pro
☐ Med* ☐ Hvy ☐ Hvy Pro

☐ Helmet strap

Specify color(s) on Rx ☐ Name _____

COMBINATION CROWNS & PARTIALS

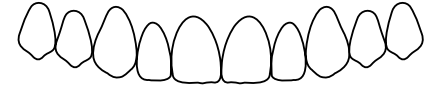
- ☐ Fabricate RPD to fit restoration
☐ Future RPD:
 _____ Vitallium
 _____ Valplast
 _____ Attachments
☐ Obsidian Non-Precious
☐ Obsidian Noble
☐ BruxZir Full-Strength* (1,150 MPa)
☐ **NEW!** BruxZir Esthetic (870 MPa)

SNORING/SLEEP APNEA APPLIANCES

(Upper and lower models with protrusive bite required)

- ☐ Buy 1
☐ Glidewell Clinical Twinpak†
☐ Scan/Save File
- ☐ OASYS Hinge Appliance ☐ EMA
☐ TAP ☐ TAP 3 TL ☐ dreamTAP
☐ Silent Nite Sleep Appliance*

FINAL SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

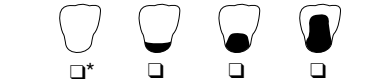
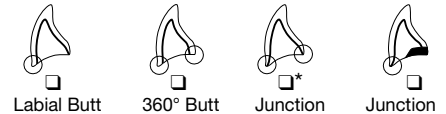
OCCUSAL STAINING

- ☐ None ☐ Light* ☐ Medium ☐ Dark

PONTIC DESIGN



MARGIN AND METAL DESIGN



*Standard unless specified otherwise

NIGHTGUARDS/RETAINERS

- ☐ Upper ☐ Lower ☐ Scan/Save File
 _____ Buy 1
 _____ Glidewell Clinical Twinpak†

- ☐ Comfort H/S (hard, with soft relene)*
☐ Comfort3D (3D-printed, hard)
☐ Soft nightguard ☐ CLEARsplint (self-adjusting, hard)

- ☐ Clear-Lock Retainers:
☐ quantity of 2 ☐ quantity of 4 ☐ quantity of 6

- ☐ Clear ortho ☐ Hawley ☐ QCM Clear-Wire

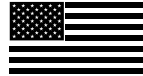
TERMS AND WARRANTY INFORMATION

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.



**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.*

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



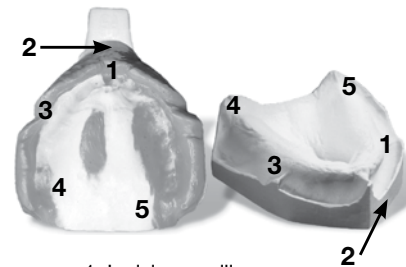
Occlusal rests only



Hests with
buccal/lingual access

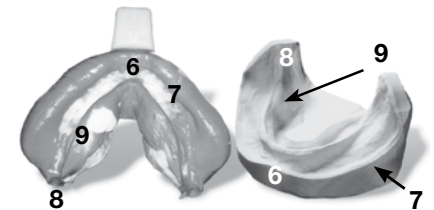
Impressions/Model

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:

- Irreversible hydrocolloid (AccuDent®)
- Alginate (Jeltrate®)
- Vinyl polysiloxane (Capture®, Imprint™, Take 1™, Aquasil, Splash!®, etc.) – *light, regular or monophasic viscosities recommended*
- Polyether (Impregum™, Permadyne™)