



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.
- *Glidewell Clinical Twinpak is valid for two appliances for the same case.
 †Silent Nite stops the snoring or return it within 90 days for a full credit.*

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____
City/State/ZIP

Patient ID/Name _____ Male Female Age ____ Deliver by 5 p.m. on _____
First Last

ENCLOSED WITH CASE

Impressions Models Bite

Other: _____

Upper and lower impressions or models with bite registration required

Rx See reverse for time-saving clinical procedures



PLEASE COMPLETE THIS SECTION		
	1 Appliance	Glidewell Clinical Twinpak [®] One for Relief, One for Reserve
Silent Nite Sleep Appliance <small>(only 3 working days in lab)</small>	<input type="checkbox"/>	<input type="checkbox"/>
OASYS Hinge Appliance	<input type="checkbox"/>	<input type="checkbox"/>
EMA	<input type="checkbox"/>	<input type="checkbox"/>
dreamTAP	<input type="checkbox"/>	<input type="checkbox"/>
TAP 3 TL	<input type="checkbox"/>	<input type="checkbox"/>
TAP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scan & Save Services <input type="radio"/> Digitally scan model <input type="radio"/> Print digitally scanned model for reorder		

Signature _____ License # _____ Date _____

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

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

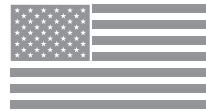
TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. 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 glidewell.com/policies-and-warranties.



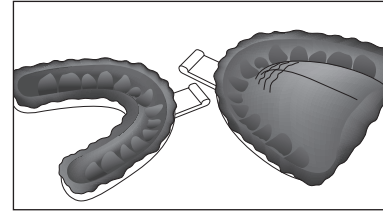
- Mandibular Advancement Devices



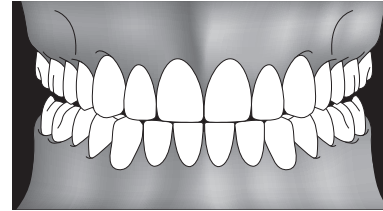
All Restorations
Made in the USA

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.

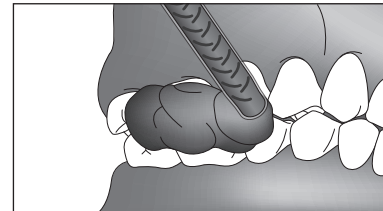
BITE REGISTRATION GUIDE FOR SLEEP APPLIANCES



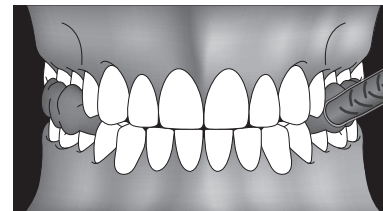
STEP 1: Take full-arch impressions of the maxilla and the mandible using VPS impression material.



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



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.