



4141 MacArthur Blvd. • Newport Beach, CA 92660
800-839-9755 • Fax 800-411-9722 • 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 Photos Other: _____

Rx Upper Lower

Tooth Shade _____

Gingival Shade:

G1 (Standard)

G3 (Med)

G4 (Dk)

Implant System _____

(see reverse for flat-rate pricing information)

Implant Diameter / Platform _____ mm

Stage of Service Needed:

Wax rim

Implant verification jig (IVJ)

Diagnostic setup

Reset

Final prosthesis

IMPLANT PROSTHESIS (CHOOSE ONE)

Screw-Retained Hybrid Denture[†]
(Premium teeth standard)

Comfort H/S Bite Splint *(Additional fee applies)*

Locator Bar Overdenture[†] *(Premium teeth standard)*

Locator Overdenture[†] *(Kenson teeth standard)*

Hader Bar Overdenture *(Kenson teeth standard)*

Mini Implant Overdenture *(Kenson teeth standard)*

Denture fully edentulous *(Kenson teeth standard)*

Duplicate denture

DENTURE REINFORCEMENT

Horseshoe cast palate

Cast mesh 360° wraparound

Kenson teeth *(Included at no extra charge)*
Mould _____

Premium brand teeth *(Extra charge may apply)*
Brand _____ Mould _____

Name on appliance *(Additional charge)*

PROSTHETIC STENT

Tooth # _____

Pilot Holes: Yes No Dia: _____ mm

Fully edentulous

Radiographic Markers: Gutta percha

Acrylic Vacuum formed

Barium (20%)

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 _____

^{*}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.

Signature _____

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

License # _____ Date _____

TERMS AND WARRANTY INFORMATION



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.

*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.*

FLAT-RATE PRICE ON CAD/CAM MILLED IMPLANT BARS IS AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

DENTSPLY Implants
ASTRA TECH
Implant System®

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level

Zimmer Dental
Screw-Vent®

Restorations for the implant systems above are fabricated using components manufactured by PrismaTik Dentalcraft, Inc. Prices may vary for other implant systems due to the need for original equipment manufacturer (OEM) components.

Inclusive is a registered trademark of PrismaTik Dentalcraft, Inc. All other trademarks are property of their respective owners.