



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

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

*Glidewell Clinical Twinpak is valid for two appliances for the same case.

†Silent Nite stops the snoring or return it within 90 days. EMA, flexTAP, dreamTAP or TAP 3 TL stops the snoring or return it within 60 days.

Dr. Name _____ Acct. # _____
 Phone # _____ Email _____
 Address _____
City/State/ZIP
 Patient ID/Name _____ 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



**Stops snoring
or your money back†**



* D X X T 3 4 *

PLEASE COMPLETE THIS SECTION

	One Appliance	Glidewell Clinical Twinpak* One for Relief, One for Reserve
Silent Nite Sleep Appliance <small>(PDAC-approved for Medicare: E0486) Only 3 working days in lab</small>	<input type="checkbox"/>	<input type="checkbox"/>
Silent Nite with Glidewell Hinge <small>(PDAC-approved for Medicare: E0486)</small>	<input type="checkbox"/>	<input type="checkbox"/>
EMA	<input type="checkbox"/>	<input type="checkbox"/>
flexTAP <small>(PDAC-approved for Medicare: E0486)</small>	<input type="checkbox"/>	<input type="checkbox"/>
dreamTAP <small>(PDAC-approved for Medicare: E0486)</small>	<input type="checkbox"/>	<input type="checkbox"/>
TAP 3 TL <small>(PDAC-approved for Medicare: E0486)</small>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scan & Save Services <input type="radio"/> Digitally scan model		

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 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.



- Silent Nite with Glidewell Hinge
- dreamTAP
- TAP 3 TL
- EMA



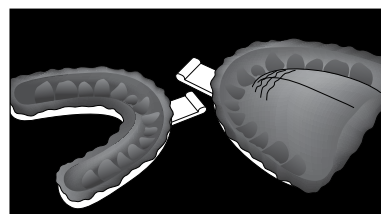
- Silent Nite
- flexTAP

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.

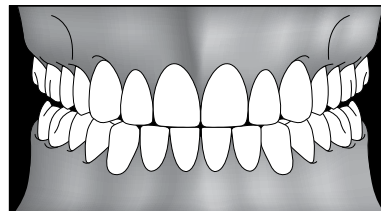


All Restorations
Made in the USA

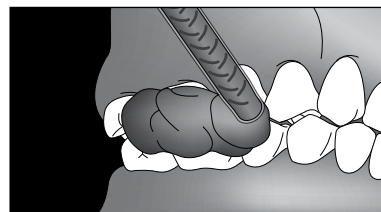
BITE REGISTRATION GUIDE FOR SLEEP APPLIANCES



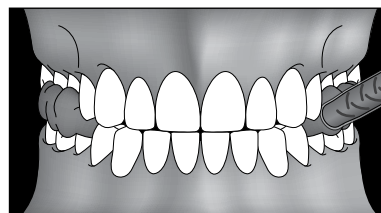
STEP 1: Take full-arch impressions of the maxilla and the mandible using VPS impression material.



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.