



3974 Jurupa Ave.
Riverside, CA 92506

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riversidelab.com

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____

City/State/ZIP

Patient ID/Name _____

First

Last

Enclosed with Case ☐ Impressions ☐ Models ☐ Bite ☐ Other _____ **Deliver by 5 p.m. on** _____

WEB Rx

Signature _____

License # _____ Date _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. For limited warranty details, visit glidewell.com/policies-and-warranties.

DENTURES

- ☐ Digital (3D-printed) ☐ Handcrafted
☐ Immediate ☐ Copy (3D-printed)
☐ 3D-printed ☐ Handcrafted

☐ Digital Teeth
Shade _____ Mould _____

☐ **Kenson Teeth (Standard)**
Shade _____ Mould _____

☐ **Premium Brand Teeth (extra charge)**
Shade _____ Brand _____ Mould _____

Tooth Setup

- ☐ Ideal ☐ Characterized ☐ Study model
☐ Masculine ☐ Feminine ☐ Age _____

Gingival Shade

- ☐ Std. G1 ☐ Med. G3 ☐ Dark G4

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.