

NDXLumident.com
(800) 411-7472
(260) 422-8992
4218 Hobson Ct
Fort Wayne, IN 46815

Dr.: _____
FIRST LAST

Street: _____

City: _____ State: _____ Zip: _____

Phone _____

Patient _____ ☐ MALE ☐ FEMALE

Due Date: _____ by 5:00pm

(Call in before 9:30am deliver after 3:30pm)

Same day service patient appointment time: _____

7

8

9

10

11

6

5

4

3

2

1

UPPER

12

13

14

15

16

RIGHT

LEFT

32

31

30

29

28

27

26

25

24

23

17

18

19

20

21

LOWER

Partials

☐ Frame Try in
☐ Bite Blocks
☐ Set-Up (Wax)
☐ Finish

Dentures

☐ Custom Tray
☐ Bite Blocks
☐ Set-Up (Wax)
☐ Finish

Other Options

☐ Flexible Partial
☐ Bite Splint

☐ Hard/Soft

☐ Upper ☐ Lower

☐ Hard

☐ Upper ☐ Lower

☐ Gelb Splint
☐ Mouthguard/Sportsguard

MOULD

Upper Lower

Anterior

Posterior

Tooth Shade

RELINE

Upper Lower

Hard

Soft

☐ Please Call

Name on ID: _____

NOTES

SIGNATURE: _____ LICENSE # _____

Return the white and yellow copies with the case. Retain the pink copy for your file.