

RX Date: _____

Prescribing Doctor: _____

Patient Name: _____

DOB: ____/____/____ Female Male

Today's Date: ____/____/____ Due Date: ____/____/____ by 5pm.

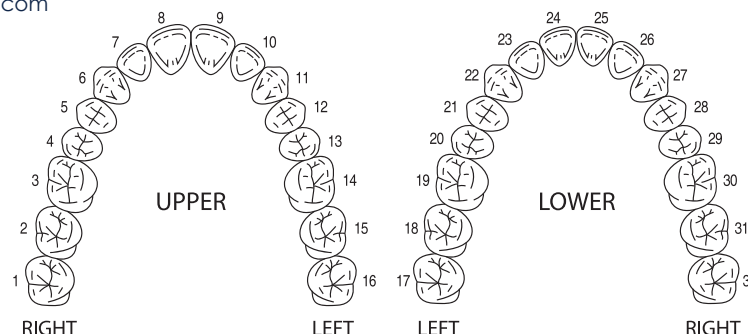
Ship to Address (if different than Prescribing Dr.): _____

City: _____ State: _____ Zip: _____

Phone: _____

NDX[®] nSequence

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REMOVABLE RX

MAXILLA

- ☐ Reline
- ☐ Repair
- ☐ Full
- ☐ RPD (frame)
- ☐ Flexible
- ☐ Tooth #'s _____
- ☐ Repair Fracture
- ☐ With Reinforcement

MANDIBLE

- ☐ Reline
- ☐ Repair
- ☐ Full
- ☐ RPD (frame)
- ☐ Flexible
- ☐ Tooth #'s _____
- ☐ Repair Fracture
- ☐ With Reinforcement

Extracting this Appt #'s: _____

Extracting at Delivery #'s: _____

- ☐ **Stayplate**
 - ☐ #'s: _____
- ☐ **Custom Tray**
 - ☐ Holes ☐ No Holes
- ☐ **Metal Framework:**
 - ☐ Lab Design (default)
 - ☐ Doctor Design
 - ☐ Tooth Colored Clasps
 - ☐ Shade of Clasp _____
- ☐ **Bite Blocks**
- ☐ **Tryin w/Teeth**
 - ☐ See Special Instructions
 - ☐ Will Be an Immediate Denture
 - ☐ Will Be a Flexible Partial
- ☐ **Reset/Remount** (will be returned in wax)
 - ☐ See Special Instructions
- ☐ **Full Finish**
 - ☐ See Special Instructions
 - ☐ Custom Gum (Extra Charge)
- ☐ **Flexible Partial Finish**
- ☐ **Immediate Straight to Finish**

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 - ☐ #'s: _____
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- ☐ **Immediate Straight to Finish**

MAXILLA

Nightguards

- ☐ Hard
- ☐ Soft
- ☐ Hard/Soft
- ☐ Anterior Only
- ☐ NTI-tss Plus™
- ☐ Suckdown
- ____ Ramp (If not selected, default is no ramp)

Other Appliances

- ☐ Essix Retainer
- ☐ Essix Retainer with teeth #'s _____

MANDIBLE

Nightguards

- ☐ Hard
- ☐ Soft
- ☐ Hard/Soft
- ☐ Anterior Only
- ☐ NTI-tss Plus™
- ☐ Suckdown
- ____ Ramp (If not selected, default is no ramp)

Other Appliances

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SPECIAL INSTRUCTIONS

Email pictures to: photos@nsequence.com

Incomplete lab slip will delay your case.

Dr's Signature: _____

License #: _____