

RX Date: _____

Prescribing Doctor: _____

Patient Name: _____

DOB: ____/____/____ Female Male

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

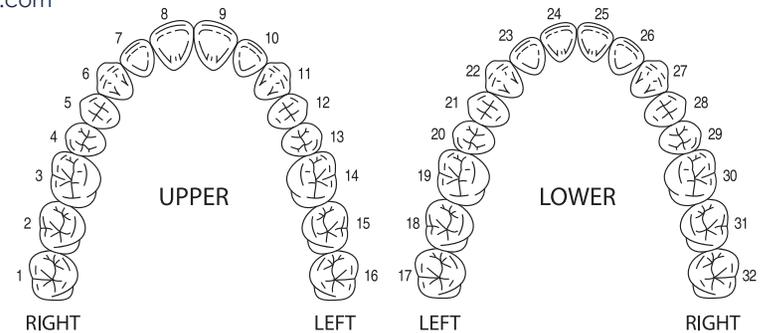
Ship to Address (if different than Prescribing Dr.): _____

City: _____ State: _____ Zip: _____

Phone: _____

NDX® nSequence

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REMOVABLE RX

MAXILLA	MANDIBLE
<input type="checkbox"/> Reline <input type="checkbox"/> Repair <input type="checkbox"/> Full <input type="checkbox"/> RPD (frame) <input type="checkbox"/> Flexible <input type="checkbox"/> Tooth #'s _____ <input type="checkbox"/> Repair Fracture <input type="checkbox"/> With Reinforcement	<input type="checkbox"/> Reline <input type="checkbox"/> Repair <input type="checkbox"/> Full <input type="checkbox"/> RPD (frame) <input type="checkbox"/> Flexible <input type="checkbox"/> Tooth #'s _____ <input type="checkbox"/> Repair Fracture <input type="checkbox"/> With Reinforcement

MAXILLA	MANDIBLE
Nightguards <input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Hard/Soft _____ Ramp (If not selected, default is no ramp)	Nightguards <input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Hard/Soft _____ Ramp (If not selected, default is no ramp)
Other Appliances <input type="checkbox"/> Essix Retainer <input type="checkbox"/> Essix Retainer with teeth #'s _____	Other Appliances <input type="checkbox"/> Anterior Only <input type="checkbox"/> NTI-tss Plus™ <input type="checkbox"/> Suckdown <input type="checkbox"/> Essix Retainer <input type="checkbox"/> Essix Retainer with teeth #'s _____

Extracting this Appt #'s: _____ Extracting at Delivery #'s: _____ <input type="checkbox"/> Stayplate <input type="checkbox"/> #'s: _____ <input type="checkbox"/> Custom Tray <input type="checkbox"/> Holes <input type="checkbox"/> No Holes <input type="checkbox"/> Metal Framework: <input type="checkbox"/> Lab Design (default) <input type="checkbox"/> Doctor Design <input type="checkbox"/> Tooth Colored Clasps <input type="checkbox"/> Shade of Clasp _____ <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Tryin w/Teeth <input type="checkbox"/> See Special Instructions <input type="checkbox"/> Will Be an Immediate Denture <input type="checkbox"/> Will Be a Flexible Partial <input type="checkbox"/> Reset/Remount (will be returned in wax) <input type="checkbox"/> See Special Instructions <input type="checkbox"/> Full Finish <input type="checkbox"/> See Special Instructions <input type="checkbox"/> Custom Gum (Extra Charge) <input type="checkbox"/> Flexible Partial Finish <input type="checkbox"/> Immediate Straight to Finish	Extracting this Appt #'s: _____ Extracting at Delivery #'s: _____ <input type="checkbox"/> Stayplate <input type="checkbox"/> #'s: _____ <input type="checkbox"/> Custom Tray <input type="checkbox"/> Holes <input type="checkbox"/> No Holes <input type="checkbox"/> Metal Framework: <input type="checkbox"/> Lab Design (default) <input type="checkbox"/> Doctor Design <input type="checkbox"/> Tooth Colored Clasps <input type="checkbox"/> Shade of Clasp _____ <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Tryin w/Teeth <input type="checkbox"/> See Special Instructions <input type="checkbox"/> Will Be an Immediate Denture <input type="checkbox"/> Will Be a Flexible Partial <input type="checkbox"/> Reset/Remount (will be returned in wax) <input type="checkbox"/> See Special Instructions <input type="checkbox"/> Full Finish <input type="checkbox"/> See Special Instructions <input type="checkbox"/> Custom Gum (Extra Charge) <input type="checkbox"/> Flexible Partial Finish <input type="checkbox"/> Immediate Straight to Finish
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SPECIAL INSTRUCTIONS

Email pictures to: photos@nsequence.com
 Incomplete lab slip will delay your case.

Dr.'s Signature: _____
License #: _____