

Doctor Name

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Dr. Signature: _____

Date: _____ License #: _____

PLEASE PRINT:

Patient Name

First: _____ Last: _____

Age: _____ ☐ Male ☐ Female

Expected Delivery Date: _____

FIXED

Dr. to Trim Die ☐ Yes ☐ No

IF INSUFFICIENT OCCLUSAL CLEARANCE

- ☐ Please Call ☐ Reduce/Mark On Opposing
☐ Reduce/Mark On Prep

ALL CERAMICS

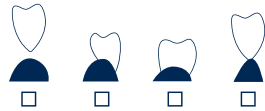
- ☐ Verotek™ FCZ
☐ Verotek Aesthetic
☐ Verotek Layered
☐ Lithium Disilicate
☐ Lithium Disilicate Layered

PORCELAIN TO METAL

- ☐ Predominantly Base
☐ Noble
☐ High Noble White
☐ High Noble Yellow

FULL CAST

- ☐ Predominantly Base
☐ Noble
☐ High Noble



IMPLANTS

- ☐ Original-on-Original

Fill in Implant Brand Name _____

- ☐ Compatibility

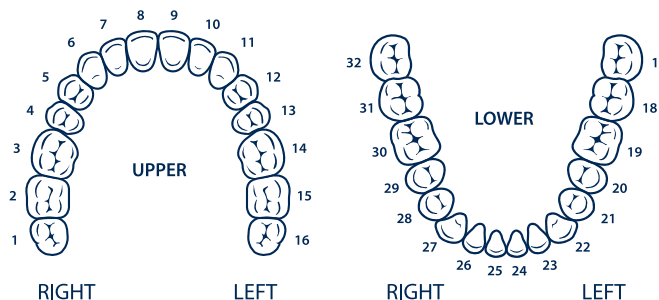
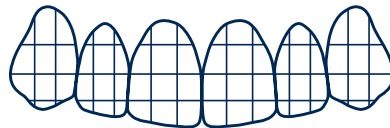
- ☐ Custom Titanium Abutment
☐ Custom Titanium Abutment With Gold Hue
☐ Custom Zirconia Abutment
☐ Prosthetic Guide



NationalDentex.com

SHADE: _____

Shading Instructions



SEND MORE

- ☐ RXs ☐ Boxes ☐ Labels ☐ Other _____

DENTURES

- ☐ Upper ☐ Try-In
☐ Lower ☐ Finish
☐ Immediate

- ☐ Bite Rim

- ☐ Custom Tray

SETUP

- ☐ Ideal ☐ Balanced Occlusion
☐ Lingualized Occlusion ☐ Follow Study Model

STANDARD

- ☐ Includes Models, Articulation, Setup, Process & Finish, Standard Teeth

PREMIUM

- ☐ Includes Models, Articulation, Setup, Process & Finish, Premium Teeth

PARTIALS

- ☐ Upper ☐ Lower

TYPE:

- ☐ Ultraire™ AKP ☐ Flexible
☐ Metal Framework ☐ Cast Combo
☐ Temporary Acrylic

RETURN:

- ☐ Metal Try-In ☐ Teeth Try-In
☐ Bite Rim ☐ Finish

ORTHO • GUARDS • NTI-TSS™

NTI-TSS PLUS & OCCLUSAL GUARDS

- ☐ Thermo-Guard™ ☐ NTI-tss Plus
☐ Comfort H/S™ ☐ Acrylic Night Guard

FIXED/REMOVABLE ORTHO

- ☐ Hawley ☐ Hawley w/Clasp
☐ Space Maintainer ☐ Invisible Retainer
☐ Other _____

SNORING & SLEEP APNEA

- ☐ ClearDream® ☐ TAP® 3
☐ EMA® ☐ dreamTAP®