


DR. NAME			
FULL ADDRESS			
GROUP / PRACTICE NAME			
EMAIL		PHONE	
PATIENT INFO	FIRST NAME		AGE
	LAST NAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DUE DATE		TODAY'S DATE	

MIGRAINE THERAPY		<input type="checkbox"/> UPPER	<input type="checkbox"/> LOWER
<input type="checkbox"/> <b>NTI-tss Plus Nighttime</b>	<i>Available in pink</i>		
<input type="checkbox"/> <b>NTI-tss Plus Daytime</b>	<i>(Daytime Clenching Only)</i>		
<input type="checkbox"/> <b>NTI-tss Plus Soft</b>	<i>(Extends 2nd bi - 2nd bi)</i> <i>Available in pink, green and blue</i>		
<input type="checkbox"/> <b>NTI-tss Plus Night &amp; Day Set</b>	<i>(NTI-tss Plus &amp; NTI-tss Plus Daytime)</i>		
<input type="checkbox"/> <b>NTI-tss Plus Universal Therapy Set</b>	<i>(NTI-tss Plus &amp; Opposing Universal Slider)</i>		
<input type="checkbox"/> <b>Relaxer</b>	<i>(Daytime Clenching Only)</i>		
		<b>Maximum Protrusive Measurement</b> _____ IN MM	
		<b>Extend Coverage from</b> _____ <b>to</b> _____ TOOTH # TOOTH #	
		<b>Okay to switch arches due to arch selection contraindications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, call me	
		<b>Okay to extend if necessary to ensure adequate retention?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, call me	

OCCLUSAL THERAPY		<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
<b>HARD SPLINT</b> <input type="checkbox"/> Crystal Clear® <i>Available in pink</i>	<b>HARD / SOFT SPLINT</b> <input type="checkbox"/> Comfort H/S™ Bite Splint <i>Available in pink, green &amp; blue</i>	<b>THERMO-ACRYLIC SPLINT</b> <input type="checkbox"/> ThermoFit® <input type="checkbox"/> Rem-e-deze <input type="checkbox"/> Brux-eze® <input type="checkbox"/> Brux-eze 3D
<b>OTHER / SPECIFY BRAND</b> <hr/>		
ORTHO REMOVABLE	ORTHO FIXED	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
<input type="checkbox"/> 3-Way <input type="checkbox"/> Acrylic Spacer <input type="checkbox"/> Anterior Spring Clip <input type="checkbox"/> Bionator <input type="checkbox"/> Circumferential Retainer <input type="checkbox"/> Dual Laminare Retainer <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Invisible Retainer <input type="checkbox"/> Modified Spring Retainer <input type="checkbox"/> QCM Retainer <input type="checkbox"/> Sagittal <input type="checkbox"/> Schwarz <input type="checkbox"/> Triplex Corrector Series <input type="checkbox"/> Wick Flat-Bow <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Sports Guard	<input type="checkbox"/> 3x3 Hulsink <input type="checkbox"/> 3x3 Lingual Bonded <input type="checkbox"/> Banded RPE <input type="checkbox"/> Banded Herbst <input type="checkbox"/> Bilateral <input type="checkbox"/> 6x6 <input type="checkbox"/> 3x3 <input type="checkbox"/> Bonded RPE <input type="checkbox"/> Coil Spring Regainer <input type="checkbox"/> Distal Jet <input type="checkbox"/> Distal Shoe <input type="checkbox"/> Earch/Arnold <input type="checkbox"/> Thumbsucking Appliance <input type="checkbox"/> Fixed Sagittal	<input type="checkbox"/> Haas <input type="checkbox"/> Hilgers Pendulum <input type="checkbox"/> Loop Lingual <input type="checkbox"/> Lower Screw Expander <input type="checkbox"/> Nance Button <input type="checkbox"/> Ni-Ti Expander <input type="checkbox"/> Pedo Partial <input type="checkbox"/> Porter w/ Arch <input type="checkbox"/> Rickonator <input type="checkbox"/> Quad Helix <input type="checkbox"/> Transpalatal Arch <input type="checkbox"/> Unilateral
	<b>FOR REMOVABLE ADD</b> <input type="checkbox"/> Ant. Bite Plane <input type="checkbox"/> Bracket Removal <input type="checkbox"/> Clark Twin Blocks <input type="checkbox"/> Habit Crib <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Occlusal Acrylic <input type="checkbox"/> Reset Teeth	<b>FOR FIXED ADD</b> <input type="checkbox"/> Bracket Bands <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Ling. Horiz. Sheaths <input type="checkbox"/> Wilson 3-D Attachments
<input type="checkbox"/> PONTIC SHADE <hr/>		
<input type="checkbox"/> OTHER <hr/>		

SPECIAL INSTRUCTIONS	ENCLOSED WITH CASE
	___ MODEL
	___ SHADE TAB
	___ BITE
	___ IMPRESSIONS
	___ PHOTOS
	___ METAL TRAYS
	___ TEETH
	___ ARTICULATOR
	OTHER
	_____
	_____
	<input type="checkbox"/> CALL ME

<b>DR. SIGNATURE</b>		<b>REQUEST SUPPLIES</b>
<b>DR. LICENSE #</b>	<b>EXPIRES</b>	_____ RXS _____ BOXES _____ LABELS OTHER _____
 <p><b>FOR LAB CONTACT INFO</b>  <a href="http://nationaldentex.com/labs">nationaldentex.com/labs</a></p>	<p><b>NDX WARRANTY</b>  <a href="http://nationaldentex.com/warranty">nationaldentex.com/warranty</a></p>	

**FOR LAB USE ONLY**