NDX NATIONAL DENTEX LABS

# Implant Rx Form

Laboratory Procedure Authorization

***ALL YELLOW HIGHLIGHTED AREAS ARE REQUIRED**. An incomplete form will result in case delays until proper data can be collected.*

| | | | |
|---|---|---|---|
| **LAB NAME** | | | |
| **DR. NAME** | | | |
| FULL ADDRESS | | | |
| GROUP / PRACTICE NAME | | | |
| EMAIL | | PHONE | |
| **PATIENT INFO** | FIRST NAME | | ☐ FEMALE ☐ MALE |
| | LAST NAME | | AGE _____ |
| **DUE DATE** Standard working time if no date is provided. | | TODAY'S DATE | |

## INTERFACE

**COMPONENT SELECTION**
☐ OEM* ☐ Universal

**ABUTMENT MATERIAL**
☐ Titanium* ☐ Zirconia
☐ Gold Anodized Titanium

**RESTORATION TYPE**
☐ Cement-retained
☐ Screw-retained

**IF SCREW HOLE IS MALPOSITIONED**
☐ Please call
☐ Convert to cement-retained
☐ Use angled screw components
☐ Angled screw driver needed*
**Additional Fee May Apply*

**RESTORATION MATERIAL**
☐ Full Contour Zirconia*
☐ Aesthetic Zirconia
☐ Layered Zirconia
☐ Lithium Disilicate ☐ **LAYERED**
☐ PFM **METAL TYPE** _____
☐ PMMA Provisional
☐ Other _____

## SURGICAL GUIDE

**DESIRED DEFINITIVE RESTORATION**
☐ Single Unit ☐ All-on-X
☐ Bridge ☐ Locator®
☐ Conus

**SURGICAL GUIDE TYPE**
☐ Fully Guided ☐ Pilot Guide
☐ Guided Prosthetics®

**PROVISIONALIZATION**
☐ Essix Retainer
☐ Temporary Partial
☐ Immediate PMMA*
☐ Other
_____

**CBCT UPLOAD**
☐ Disc Enclosed
☐ File Upload

**METHOD**
_____

**BEST EMAIL FOR SCREEN-SHARE CASE APPROVAL**
_____

## FULL ARCH IMPLANT SUPPORTED DEFINITIVE RESTORATION

**SERVICE LEVEL**
☐ Custom Tray
☐ Setup/Try-in
☐ Bite Block
☐ Reset
☐ Implant Verification Jig
☐ Framework Try-in
☐ Definitive Prosthesis

**PATIENT INFORMATION**
Papillameter _____
Alameter _____
Tooth Mold _____
Shade _____

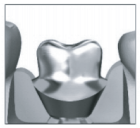
**PRE-SURGERY**
☐ Guided Prosthetics
☐ Immediate Temporary Denture Scanning application with radiopaque teeth
☐ Clear Duplicate Denture with slot and 15mm border for surgical guide

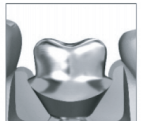
**GINGIVAL SHADE**
☐ Standard
☐ Medium
☐ Dark

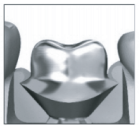
**DEFINITIVE RESTORATION TYPE**
☐ Full Arch Zirconia
☐ Crystal Ultra®
☐ Hybrid
☐ Copymill/Individual Crowns
☐ Conus Bundle
☐ Locator Denture Bundle

*Default option if no option is selected.

## EMERGENCE PROFILE


☐ Follow tissue (no expansion)

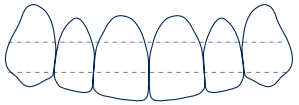

☐ Contour design (expand tissue by 0.5mm)


☐ Anatomical (fully expand tissue)

| TOOTH # | MANUFACTURER | CONNECTION TYPE | PLATFORM SIZE | MARGIN DEPTH |
|---|---|---|---|---|
| | | | | |
| | | | | |

## SHADE

DESIRED _____



**ITEMS REQUIRED:**
- CT SCAN in multi slice .dicom format
- Physical impression or digital impression in .stl format. Please zip files before sending.

***FOR SENDING YOUR GUIDED PROSTHETICS CASE:**
nsequence.com/ct-guided-prosthetics-order

## SPECIAL INSTRUCTIONS

☐ **DIGITAL SCAN SENT**

## ENCLOSED WITH CASE

☐ MODEL ☐ BITE ☐ PHOTOS ☐ TEETH ☐ OTHER
☐ SHADE TAB ☐ IMPRESSIONS ☐ METAL TRAYS ☐ ARTICULATOR _____

| | | | |
|---|---|---|---|
| **DR. SIGNATURE** | | | **REQUEST SUPPLIES** |
| **DR. LICENSE #** | | **EXPIRES** | ☐ RXS ☐ BOXES ☐ LABELS OTHER _____ |

**FOR LAB CONTACT INFO**
nationaldentex.com/labs

**NDX WARRANTY**
nationaldentex.com/warranty

## FOR LAB USE ONLY