

PLEASE PRINT CLEARLY:

*Rx not valid without Dr. Signature and Lic. #

Lic: _____

Dr: _____

Address: _____

Phone: _____

E-mail: _____

Patient: _____

Due Date: _____

Notes: _____

* Dr.'s Signature: _____

* License #: _____ Date: _____

Sent with case:

- Impression
- Bite
- Study model
- Pics via Email



4520 Parkbreeze Court
Orlando, FL 32808
407.781.4725 • NDXOrlando.com

CROWN & BRIDGE

NDX Zirconia:

- Verotek™ FCZ
- Verotek Aesthetic
- Verotek Layered

Ceramics:

- e.max® Monolithic
- e.max Layered
- Zirconia Coping Only

Full Cast:

- Noble (Silver)
- High Noble Yellow (Gold)
- High Noble White (Silver)

PFM:

- Non-precious
- Noble
- High Noble White
- High Noble Yellow

Implant:

- Original-on-Original

Fill in implant brand name

- Titanium
- Zirconia
- Stock

Lab Preference:

- Titanium
- Zirconia
- Stock

Tooth #: _____

- Finish
- Bisque
- Coping Only

Shade: _____

REMOVABLES

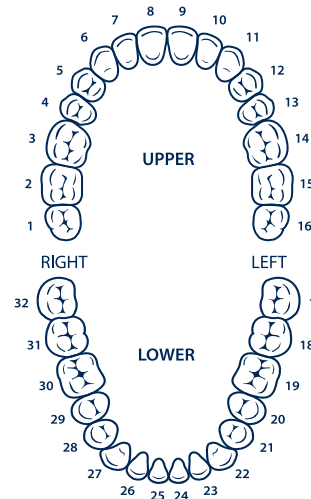
- Upper
- Lower
- Immediate

Bundles:

- Elite Denture Bundle / Partial Bundle
- Premium teeth & 2 yr. warranty
- Standard Denture Bundle / Partial Bundle
- Economy teeth & 1 yr. warranty

- Custom Tray only
- Set up only
- Standard Finish
- Flexible Finish

- Repair
- Reline



PARTIALS

Framework: Frame Only

- ClearFrame™
- Flexible
- Valplast®
- All Acrylic
- Metal

Frame:

- Try in
- Bite Blocks
- W / Setup
- Finish

Specialty:

- Hard Clear Guard
- Comfort H/S™
- Thermo-Guard™
- EMA®
- TAP® 3
- NTI

SEND MORE

- Rxs
- Boxes
- Labels

All cases are subject to an additional fee without notice at the laboratory's discretion.

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorney's fees and collection costs if this account is referred to collection.