NDX NATIONAL DENTEX LABS

Fixed & Removable Rx Form

Laboratory Procedure Authorization | Dr. Signature Required

DR. NAME

FULL ADDRESS

GROUP / PRACTICE NAME

EMAIL | PHONE

PATIENT INFO | FIRST NAME | LAST NAME | AGE | ☐ FEMALE ☐ MALE

DUE DATE | TODAY'S DATE

CROWN & BRIDGE

ALL CERAMICS
- ☐ Full Contour Zirconia
- ☐ Aesthetic Zirconia
- ☐ Layered Zirconia
- ☐ Lithium Disilicate
- ☐ Layered Lithium Disilicate

PORCELAIN TO METAL
- ☐ High Noble / Precious
- ☐ Noble / Semi-precious
- ☐ Base / Non-precious
- ☐ WHITE ☐ YELLOW

FULL CAST
- ☐ High Noble / Precious
- ☐ Noble / Semi-precious
- ☐ Base / Non-precious
- ☐ WHITE ☐ YELLOW

OTHER / SPECIFY BRAND _____

DENTURE

☐ TRY-IN ☐ FINISH ☐ IMMEDIATE ☐ **UPPER** ☐ **LOWER**

TYPE OF TEETH
- ☐ Economy
- ☐ Standard
- ☐ Premium

RELINE
- ☐ Hard ☐ Soft

- ☐ Custom Tray
- ☐ Baseplate / Bite Rim
- ☐ Emergency / Spare
- ☐ Name on Prosthesis

PARTIAL

☐ TRY-IN ☐ FINISH ☐ IMMEDIATE ☐ **UPPER** ☐ **LOWER**

TYPE OF TEETH
- ☐ Economy
- ☐ Standard
- ☐ Premium

OTHER / SPECIFY BRAND

TYPE OF PARTIAL
- ☐ Cast Metal Framework
- ☐ Flexible
- ☐ Acrylic

TYPE OF CLASP FOR ACRYLIC

CHECK ALL THAT APPLY
- ☐ DESIGN
- ☐ SET TEETH
- ☐ BITE BLOCK
- ☐ FRAME
- ☐ OTHER

OCCLUSAL THERAPY

☐ **UPPER** ☐ **LOWER**

HARD / SOFT SPLINT
- ☐ Cadcam Nylon Splint

OTHER / SPECIFY BRAND

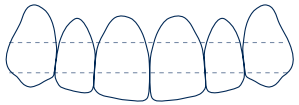
THERMO-ACRYLIC SPLINT
- ☐ ThermoFit®
- ☐ Rem-e-deze
- ☐ Brux-eze®
- ☐ Brux-eze 3D

TOOTH NUMBER(S)

SHADE

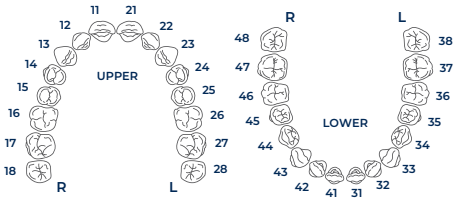
DESIRED

STUMPF



DENTURE/PARTIAL DESIGN & SHADE

ACRYLIC SHADE | MOULD



SPECIAL INSTRUCTIONS

ENCLOSED WITH CASE

- ____ MODEL
- ____ SHADE TAB
- ____ BITE
- ____ IMPRESSIONS
- ____ PHOTOS
- ____ METAL TRAYS
- ____ TEETH
- ____ ARTICULATOR

OTHER

☐ CALL ME

DR. SIGNATURE

DR. LICENSE # | **EXPIRES**

FOR LAB CONTACT INFO
nationaldentex.com/labs

NDX WARRANTY
nationaldentex.com/warranty

REQUEST SUPPLIES

- ____ RXS
- ____ BOXES
- ____ LABELS

OTHER

FOR LAB USE ONLY