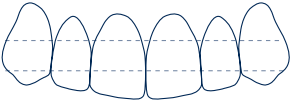
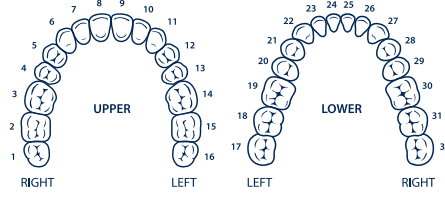


DR. NAME	
FULL ADDRESS	
GROUP / PRACTICE NAME	
EMAIL	PHONE
PATIENT INFO	FIRST NAME
	LAST NAME
	AGE <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DUE DATE	TODAY'S DATE

TOOTH NUMBER(S)	DENTURE/PARTIAL DESIGN & SHADE
<p>SHADE</p> <p>DESIRED _____</p>  <p>STUMPF _____</p>	<p>ACRYLIC SHADE</p> <p>MOULD</p>  <p>UPPER</p> <p>LOWER</p> <p>RIGHT LEFT LEFT RIGHT</p>

CROWN & BRIDGE		
ALL CERAMICS <input type="checkbox"/> Full Contour Zirconia <input type="checkbox"/> Aesthetic Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> Lithium Disilicate <input type="checkbox"/> Layered Lithium Disilicate	PORCELAIN TO METAL <input type="checkbox"/> High Noble / Precious <input type="checkbox"/> Noble / Semi-precious <input type="checkbox"/> Base / Non-precious <input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW	FULL CAST <input type="checkbox"/> High Noble / Precious <input type="checkbox"/> Noble / Semi-precious <input type="checkbox"/> Base / Non-precious <input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW
OTHER / SPECIFY BRAND _____		

DENTURE	<input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
TYPE OF TEETH <input type="checkbox"/> Economy <input type="checkbox"/> Standard <input type="checkbox"/> Premium	DIGITAL DENTURE <input type="checkbox"/> Milled <input type="checkbox"/> Printed RELINE <input type="checkbox"/> Hard <input type="checkbox"/> Soft	<input type="checkbox"/> Custom Tray <input type="checkbox"/> Baseplate / Bite Rim <input type="checkbox"/> Emergency / Spare <input type="checkbox"/> Name on Prosthesis

PARTIAL	<input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
TYPE OF TEETH <input type="checkbox"/> Economy <input type="checkbox"/> Standard <input type="checkbox"/> Premium	TYPE OF PARTIAL <input type="checkbox"/> Cast Metal Framework <input type="checkbox"/> Flexible <input type="checkbox"/> Acrylic TYPE OF CLASP FOR ACRYLIC	CHECK ALL THAT APPLY <input type="checkbox"/> DESIGN <input type="checkbox"/> SET TEETH <input type="checkbox"/> BITE BLOCK <input type="checkbox"/> FRAME <input type="checkbox"/> OTHER
OTHER / SPECIFY BRAND _____		

OCCLUSAL THERAPY	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
HARD SPLINT <input type="checkbox"/> Crystal Clear® <i>Available in pink</i>	HARD / SOFT SPLINT <input type="checkbox"/> Comfort H/S™ Bite Splint <i>Available in pink, green & blue</i>
OTHER / SPECIFY BRAND _____	
THERMO-ACRYLIC SPLINT <input type="checkbox"/> ThermoFit® <input type="checkbox"/> Rem-e-deze <input type="checkbox"/> Brux-eze® <input type="checkbox"/> Brux-eze 3D	

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

DR. SIGNATURE	REQUEST SUPPLIES
_____ DR. LICENSE # _____ EXPIRES _____	<input type="checkbox"/> RXS <input type="checkbox"/> BOXES <input type="checkbox"/> LABELS OTHER _____
 FOR LAB CONTACT INFO nationaldentex.com/labs	NDX WARRANTY nationaldentex.com/warranty

FOR LAB USE ONLY
_____ _____ _____