Fixed & Removable Rx Form

NDX NATIONAL DENTEX LABS

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

TOOTH NUMBER

☐ Crown # __________ ☐ Bridge # __________ ☐ Inlay / Onlay __________

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*

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

DIGITAL DENTURE
- ☐ Printed

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

TYPE OF PARTIAL
- ☐ Cast Metal Framework
- ☐ Acrylic

TYPE OF CLASP FOR ACRYLIC ________

CHECK ALL THAT APPLY
- ☐ Design
- ☐ Set Teeth
- ☐ Bite Block
- ☐ Frame
- ☐ Other ________

FLEXIBLE
☐ Lab Choice ☐ Specified Type ________

OCCLUSAL THERAPY

☐ UPPER ☐ LOWER

☐ Hard Splint ☐ Hard / Soft Splint ☐ Thermo-acrylic Splint

OTHER / SPECIFY BRAND ________

*Default option if no option is selected.

PONTIC DESIGN

SANITARY	HALF RIDGE LAP	FULL RIDGE LAP	BULLET	OVATE
☐	☐	☐	☐	☐

SHADE

DESIRED ________

STUMPF ________

DENTURE/PARTIAL DESIGN & SHADE

ACRYLIC SHADE ________ MOULD ________

UPPER: RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT

LOWER: LEFT 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 RIGHT

IF INSUFFICIENT ROOM

☐ TRIM OPPOSING* ☐ METAL OCCLUSAL ☐ REDUCTION COPING ☐ METAL ISLAND ☐ TRIM PREP/NO COPING

SPECIAL INSTRUCTIONS

☐ DIGITAL SCAN SENT

DR. SIGNATURE

DR. LICENSE # | **EXPIRES**

FOR LAB CONTACT INFO
nationaldentex.com/labs

NDX WARRANTY
nationaldentex.com/warranty

REQUEST SUPPLIES
- ____ RXS
- ____ BOXES
- ____ LABELS
- OTHER ________

ENCLOSED WITH CASE

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

FOR LAB USE ONLY