NDX NATIONAL DENTEX LABS

Implant Rx Form

Laboratory Procedure Authorization | Dr. Signature Required

DR. NAME			
FULL ADDRESS			
GROUP / PRACTICE NAME			
EMAIL		PHONE	
PATIENT INFO	FIRST NAME		AGE ☐ FEMALE ☐ MALE
	LAST NAME		
DUE DATE		TODAY'S DATE	

TOOTH #	MANUFACTURER	CONNECTION TYPE	PLATFORM SIZE	MARGIN DEPTH

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

INTERFACE

COMPONENT SELECTION
- ☐ OEM
- ☐ Universal
- ☐ Bundle

ABUTMENT MATERIAL
- ☐ Titanium
- ☐ Zirconia
- ☐ Gold Hue Titanium
- ☐ Lab Choice

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
- ☐ Hybrid
- ☐ Copymill/Individual Crowns
- ☐ Conus Bundle
- ☐ Locator Denture Bundle

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

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FOR LAB USE ONLY