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 | LAST NAME | AGE | ☐ FEMALE ☐ MALE

DUE DATE | TODAY'S DATE

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
☐ Crystal Ultra®
☐ Hybrid
☐ Copymill/Individual Crowns
☐ Conus Bundle
☐ Locator Denture Bundle

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

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