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

| | | |
|--|--|--|
| MIGRAINE THERAPY | | <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER |
| <input type="checkbox"/> NTI-tss Plus® Nighttime Available in pink <input type="checkbox"/> NTI-tss Plus Daytime (Daytime Clenching Only) <input type="checkbox"/> NTI-tss Plus Soft (Extends 2nd bi - 2nd bi) Available in pink, green and blue <input type="checkbox"/> NTI-tss Plus Night & Day Set (NTI-tss Plus & NTI-tss Plus Daytime) <input type="checkbox"/> NTI-tss Plus Universal Therapy Set (NTI-tss Plus & Opposing Universal Slider) <input type="checkbox"/> Relaxer (Daytime Clenching Only) | | Maximum Protrusive Measurement _____ IN MM Extend Coverage from _____ TOOTH # to _____ TOOTH # Okay to switch arches due to arch selection contraindications? <input type="checkbox"/> Yes <input type="checkbox"/> No, call me Okay to extend if necessary to ensure adequate retention? <input type="checkbox"/> Yes <input type="checkbox"/> No, call me |

| | | |
|--|---|--|
| OCCLUSAL THERAPY | | <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER |
| HARD SPLINT <input type="checkbox"/> Panthera® CAD/CAM nylon splints Available in single, dual, 3FC OTHER / SPECIFY BRAND _____ | HARD / SOFT SPLINT <input type="checkbox"/> Comfort H/S Bite Splint Available in pink, green & blue | THERMO-ACRYLIC SPLINT <input type="checkbox"/> ThermoFit® <input type="checkbox"/> Rem-e-deze <input type="checkbox"/> Brux-eze® <input type="checkbox"/> Brux-eze 3D |
| ORTHO REMOVABLE | ORTHO FIXED | <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER |
| <input type="checkbox"/> 3-Way <input type="checkbox"/> Acrylic Spacer <input type="checkbox"/> Anterior Spring Clip <input type="checkbox"/> Bionator <input type="checkbox"/> Circumferential Retainer <input type="checkbox"/> Dual Laminate Retainer <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Invisible Retainer <input type="checkbox"/> Modified Spring Retainer <input type="checkbox"/> QCM Retainer <input type="checkbox"/> Sagittal <input type="checkbox"/> Schwarz <input type="checkbox"/> Triplex Corrector Series <input type="checkbox"/> Wick Flat-Bow <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Sports Guard <input type="checkbox"/> PONTIC SHADE _____ | <input type="checkbox"/> 3x3 Hulsink <input type="checkbox"/> 3x3 Lingual Bonded <input type="checkbox"/> Banded RPE <input type="checkbox"/> Banded Herbst <input type="checkbox"/> Bilateral <input type="checkbox"/> 6x6 <input type="checkbox"/> 3x3 <input type="checkbox"/> Bonded RPE <input type="checkbox"/> Coil Spring Regainer <input type="checkbox"/> Distal Jet <input type="checkbox"/> Distal Shoe <input type="checkbox"/> Earch/Arnold <input type="checkbox"/> Thumbsucking Appliance <input type="checkbox"/> Fixed Sagittal FOR REMOVABLE ADD <input type="checkbox"/> Ant. Bite Plane <input type="checkbox"/> Bracket Removal <input type="checkbox"/> Clark Twin Blocks <input type="checkbox"/> Habit Crib <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Occlusal Acrylic <input type="checkbox"/> Reset Teeth | <input type="checkbox"/> Haas <input type="checkbox"/> Hilgers Pendulum <input type="checkbox"/> Loop Lingual <input type="checkbox"/> Lower Screw Expander <input type="checkbox"/> Nance Button <input type="checkbox"/> Ni-Ti Expander <input type="checkbox"/> Pedo Partial <input type="checkbox"/> Porter w/ Arch <input type="checkbox"/> Rickonator <input type="checkbox"/> Quad Helix <input type="checkbox"/> Transpalatal Arch <input type="checkbox"/> Unilateral FOR FIXED ADD <input type="checkbox"/> Bracket Bands <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Ling. Horiz. Sheaths <input type="checkbox"/> Wilson 3-D Attachments |
| <input type="checkbox"/> OTHER _____ | | |

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

| | | |
|--|----------------|---|
| DR. SIGNATURE | | REQUEST SUPPLIES |
| DR. LICENSE # | EXPIRES | |
|  FOR LAB CONTACT INFO nationaldentex.com/labs | | _____ RXS _____ BOXES _____ LABELS OTHER _____ |
| NDX WARRANTY nationaldentex.com/warranty | | |

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|-------------------------|
| FOR LAB USE ONLY |
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