

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 <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST NAME AGE _____
DUE DATE	TODAY'S DATE
Standard working time if no date is provided.	

MIGRAINE THERAPY	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
<input type="checkbox"/> NTI-tss Plus Nighttime <i>Available in pink</i> <input type="checkbox"/> NTI-tss Plus Daytime (Daytime Clenching Only) <input type="checkbox"/> NTI-tss Plus Soft (Extends 2nd bi - 2nd bi) <i>Available in pink, green and blue</i> <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
<input type="checkbox"/> Hard Splint <input type="checkbox"/> Hard / Soft Splint <input type="checkbox"/> Thermo-acrylic Splint	
OTHER / SPECIFY BRAND	

SPECIAL INSTRUCTIONS	<input type="checkbox"/> DIGITAL SCAN SENT

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"/> OTHER _____	<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

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

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

FOR LAB USE ONLY