

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

| CROWN & BRIDGE  |   |  |
|---|---|--|
| <b>ALL CERAMICS</b><br><input type="checkbox"/> Full Contour Zirconia<br><input type="checkbox"/> Aesthetic Zirconia<br><input type="checkbox"/> Layered Zirconia<br><input type="checkbox"/> Lithium Disilicate<br><input type="checkbox"/> Layered Lithium Disilicate | <b>PORCELAIN TO METAL</b><br><input type="checkbox"/> High Noble / Precious<br><input type="checkbox"/> Noble / Semi-precious<br><input type="checkbox"/> Base / Non-precious<br><input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW | <b>FULL CAST</b><br><input type="checkbox"/> High Noble / Precious<br><input type="checkbox"/> Noble / Semi-precious<br><input type="checkbox"/> Base / Non-precious<br><input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW |
| <b>OTHER / SPECIFY BRAND</b>  |   |  |

| TOOTH NUMBER(S) | SHADE   |
|-----------------|---|
|                 | _____ DESIRED _____<br><br>_____ STUMPF _____ |

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

| IMPLANT INTERFACE  |  |  |
|--|--|--|
| <b>IMPLANT BUNDLE TYPE SELECTION</b><br><input type="checkbox"/> OEM<br><input type="checkbox"/> Atlantis®<br><input type="checkbox"/> Encode®   | <b>RESTORATION TYPE</b><br><input type="checkbox"/> Cement-retained<br><input type="checkbox"/> Screw-retained<br><b>IF SCREW HOLE IS MALPOSITIONED</b><br><input type="checkbox"/> Please call<br><input type="checkbox"/> Convert to cement-retained<br><input type="checkbox"/> Use angled screw components<br><input type="checkbox"/> Angled screw driver needed*<br><i>*Additional Fee May Apply</i> | <b>RESTORATION MATERIAL</b><br><input type="checkbox"/> Full Contour Zirconia<br><input type="checkbox"/> Aesthetic Zirconia<br><input type="checkbox"/> Layered Zirconia<br><input type="checkbox"/> Lithium Disilicate<br><input type="checkbox"/> LAYERED<br><input type="checkbox"/> PFM<br><b>METAL TYPE</b> _____<br><input type="checkbox"/> PMMA Provisional<br><input type="checkbox"/> Other |
| <b>ABUTMENT MATERIAL</b><br><input type="checkbox"/> Titanium<br><input type="checkbox"/> Gold Hue Titanium<br><input type="checkbox"/> Zirconia |  |  |

| TOOTH # | MANUFACTURER | CONNECTION TYPE | PLATFORM SIZE | MARGIN DEPTH    |
|---------|--------------|-----------------|---------------|-----------------|
|         |              |                 |               | B/F   M   D   L |
|         |              |                 |               | B/F   M   D   L |
|         |              |                 |               | B/F   M   D   L |
|         |              |                 |               | B/F   M   D   L |
|         |              |                 |               | B/F   M   D   L |

|   |  |
|---|--|
| <b>DR. SIGNATURE</b>  | <b>REQUEST SUPPLIES</b>  |
| <b>DR. LICENSE #</b>  | _____ RXS<br>_____ BOXES<br>_____ LABELS<br>OTHER _____              |
| 561.721.9866<br>1701 Military Trail, Suite 155 E<br>Jupiter, FL 33458 | <b>EXPIRES</b><br><b>NDX WARRANTY</b><br>nationaldentex.com/warranty |

**FOR LAB USE ONLY**

MKT00316.RevA.PB