

Special Enclosures (Lab Use Only):

- Analog  Bite  Implant Parts  Impressions  Models  Photos   
Shade Tab  Flash Drive  Other: \_\_\_\_\_

Abutment Type: \_\_\_\_\_

## Ez Abutments<sup>SM</sup> R<sub>x</sub>

Dr. \_\_\_\_\_ Date Sent: \_\_\_\_\_

Patient: \_\_\_\_\_ Return Date: \_\_\_\_\_

Male  Female  Age: \_\_\_\_\_

Enclosed with case: Impressions  Models  Bite  Photos  Flash Drive   
 Other: \_\_\_\_\_

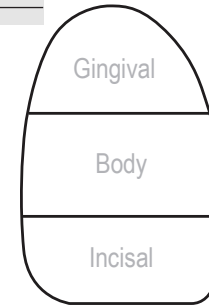
IMPLANT SYSTEM: \_\_\_\_\_

**INSTRUCTIONS:**

**Specify Shade:**

Final Tooth Shade: \_\_\_\_\_

Shade Guide: \_\_\_\_\_



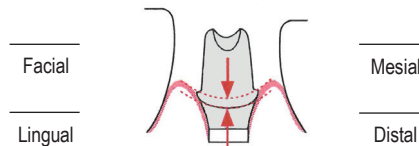
Pink Porcelain at Gingiva

Shade: \_\_\_\_\_

**Select Patient Specific Abutment Type (please select one)**

- Titanium  Gold Anodized  Zirconia

**Abutment Margin Depth**



(if left blank, default values will be used)  
**DEFAULT: Buccal = 1mm / Lingual = .5mm**  
**Mesial = .75mm / Distal = .75mm**

**Emergence Design (select only one)**

- BLANCHING OK (Default)  
 IDEAL (may require surgical placement)  
 NO BLANCHING - follow soft tissue of model provided

**Select Restoration Type**

- Crown  Bridge

**Select Provisionals**

- Wire Reinforced Temp  Long Term Provisional

**Select PFM**

- High Noble White  High Noble Yellow   
Chrome Cobalt  Noble  Captek<sup>®</sup>

**Select All Ceramic**

- Pure-Z<sup>™</sup>  Pure-Z<sup>™</sup> Layered  e.max<sup>®</sup>   
e.max<sup>®</sup> Press Multi  Thayer Esthetic

**Ceramic Contour Design**

- Embrasures: Open  Closed   
Occlusion: Heavy  Light   
Contacts: Pinpoint  Light  Broad & Tight

**Ceramic Pontic Design (please circle one)**



**Ceramic Metal Design (please circle one)**



**IF NO OCCLUSAL CLEARANCE**

- Call Doctor  Relieve Opposing   
Metal Island  Metal Occlusion

(See Reverse Side for Terms & Conditions)

**PLEASE PROVIDE A COPY OF THE SURGICAL NOTE**

Signature: \_\_\_\_\_ License: \_\_\_\_\_

Address: \_\_\_\_\_

- We Need: Boxes  Implant Rx Pads  Crown & Bridge Rx Pads  Denture Rx Pads   
FedEx Airbills  Mailing Labels  Specialty Appliance Rx Pads

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## TERMS AND CONDITIONS

This signature evidences a contract for the sales and delivery of the specially-manufactured goods mentioned herein, and subject to the following terms and conditions:

1. The dentist agrees to pay in-full the stated price of the goods, plus any late payment penalties, plus all costs of collection including attorney's fees, if any.
2. An invoice is sent with each case. A monthly statement lists all invoices by date and number; indicates charges and credits; and the balance due for each month. All statement balances are due and payable within 30 days of receipt of such statements. Statements paid on or before the 10th of the month will receive a discount in accordance with NDX Thayer's volume discount policy. Statements paid after the due date will carry a monthly finance charge of 1½% (18% per annum).  
  
By using a check for payment, you agree that if your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check plus any applicable fees as permitted by state law.
3. Each order i.e., prescription/work authorization filled or appliance fabricated, constitutes a complete and separate transaction to be invoiced and collected as such. Acceptance of new orders by NDX Thayer shall not represent any accord and/or satisfaction and shall not relieve the dentist of any indebtedness to NDX Thayer.
4. NDX Thayer may from time-to-time require a deposit from a dentist and/or ship goods on a C.O.D. basis.
5. NDX Thayer reserves the right to void the terms and conditions of its warranty and put a credit hold on accounts, which are in arrears and to hold all cases for such account until the account is paid in-full.
6. Any use, sale, transfer, modification of the appliance or failure to reasonably notify and return the appliance within 15 days to NDX Thayer shall constitute acceptance by the dentist.
7. Any defects in returned goods will be settled in accordance with the terms and conditions of NDX Thayer's 5 year warranty.
8. The dentist must examine all appliances and determine their fitness for any intended usage. THERE ARE NO EXPRESS WARRANTIES AND NO IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE GIVEN BY NDX THAYER.
9. This transaction shall be governed by the laws of the Commonwealth of Pennsylvania. Acceptance of the goods constitutes acceptance of all terms and conditions herein. This writing evidences the complete and final expression of the agreement.
10. Terms and conditions are subject to change without prior notice.