



REQUIRED INFORMATION

Doctor: _____ Lic. #: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Dr. Signature: _____

Account #: _____
 Due Date (by 5 pm): _____
 Rx Date: _____
 Patient Next Appt.: _____
 Patient Name: (First) _____
 (Last) _____

RUSH:
 4 Day

Select:
 M
 F



1601 Sepulveda Blvd. #628, Manhattan Beach, CA 90266-5111
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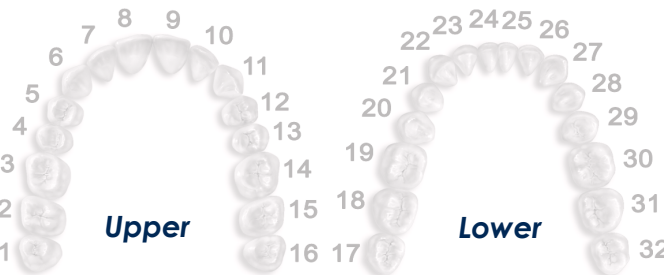
CROWN & BRIDGE

SELECT: CROWN BRIDGE INLAY/ONLAY VENEER

- ZIRCONIA**
 Full Zirconia
 Zirconia Layered
- ALL-CERAMIC**
 IPS e.max CAD
 IPS e.max Press
- FULL CAST**
 Gold 46%
 Gold 60%
 Non-precious
 Semi-precious
- PORCELAIN-FUSED-TO-METAL**
 Non-Precious
 Semi-Precious
 High Noble
- COMPOSITE TEMPORARY
- IMPLANTS (Servicing All Major Implant Brands)**
 SELECT ABUTMENT: Titanium Zirconia Hybrid
 Stock Abutment Size _____
 Custom Abutment
 Parts Supplied by Doctor Manufacturer _____
- C & B EXTRAS**
 Rest
 Wing
 Fit to Partial
 Diagnostic Wax-up

SPECIAL INSTRUCTIONS

TOOTH#: _____
 SHADE: _____
 STUMP SHADE: _____



FIXED CASE SPECIFICATIONS

SELECT STAGE: Complete Porcelain Bake Glaze/Polish
 MTI/Coping Bisque Bake Finish

BUCCAL MARGIN
 Porcelain Butt Margin
 360° Porcelain Butt Margin

STAINING
 Light Heavy
 Medium None

METAL DESIGN



PONTIC DESIGN



OCCUSAL CLEARANCE
 Light
 Open
 Tight

CONTACT
 Light
 Medium
 Heavy

IF INSUFFICIENT ROOM:
 Adjust Opposing
 Reduction Coping
 Metal Occlusal/Lingual

REDO: YES NO

ORIGINAL PRODUCT ENCLOSED: YES NO

FOR LAB USE ONLY

REMOVABLE PROSTHETICS

SELECT: FULL DENTURE PARTIAL UNILATERAL

TISSUE SHADE:
 Light Pink
 Pink
 Ethnic

SELECT STAGE:
 Complete (One Stage)
 Set to Enclosed Frame
 Wax Try-in w/Teeth
 Frame Try-in
 Finish & Process

UPGRADE TO PREMIUM TEETH

NON-METAL PARTIALS

Flexible Partial
 Valplast

ACRYLIC PARTIALS

Flipper (1 Tooth)
 Stayplate* (2-5 Teeth)
 Acrylic Partial* (6+ Teeth)
 *Includes wire clasps

CAST METAL PARTIALS

Cast Metal (Chrome Cobalt)
 Vitallium 2000

COMBO PARTIALS

Cast Metal Frame w/Flexible Partial
 Vitallium 2000 Frame w/ Valplast

CLASP DESIGN

Lab Select RPI
 Roach Akers

MAJOR CONNECTOR

Lab Select Full Palate Lingual Plate
 Horseshoe Lingual Bar A-P Bar
 Palatal Strap

REMOVABLE EXTRAS

Wax Bite Block Custom Tray Reline Hard
 Wax Bite Rim Bleach Tray Reline Soft
 Cusil # _____ Rebase Repair

CASE MATERIALS ENCLOSED:

Impressions Bite Registration Models Implant Parts

REQUEST FREE SUPPLIES

Rx Forms Case Boxes FedEx Labels

FULL DENTURES

Standard
 Premium

IMMEDIATES

Extract All
 Extract tooth # _____

BITESOFT SPLINT THERAPY

(Upper Arch only)
 Anterior Full Arch
 SELECT: Dual Laminate
 Thermo-lined

NIGHT GUARDS

Hard Soft
 Hard/Soft Combo

SPORTS GUARD

Pro-Form Sports Guard

