

Dr. Name _____
Practice & Phone _____
Address _____
Patient Name _____ Return by 5pm on _____
RX Date _____ Pt. Appt. Date & Time _____

All Ceramic

- LuxxZr™* (Aesthetic Zirconia)
- Full-Contour Zirconia
- IPS e.max®*
- Porcelain Fused to Zirconia
- IPS e.max Veneers*
- Thin Press Veneers*
- Maryland Bridge (PFZ)

Porcelain to Metal

- Porcelain to Base Metal
- Porcelain to Semi-Precious
- Porcelain to White High Noble
- Porcelain to Yellow High Noble
- Maryland Bridge (non-precious)

Margin Design (for PFMs)

- Porcelain Butt Margin
- Lingual Collar in Metal
- Full Metal Band
- No Metal Collars
- Full Metal Lingual
- Metal Occlusal

Full Cast

- Yellow Gold
- Non-Precious (White)
- Non-Precious (Yellow)
- Semi-Precious (White)
- White High Noble (White)

Post & Core

- Post & Core
- Material _____
- Fused to Crown: Yes No





Tooth Number(s)

- Crown # _____
- Bridge # _____
- Inlay/Onlay # _____

Shade

- Final Shade _____
- Stump Shade* _____
- *Please provide Stump Shade if all-ceramic material is marked with **

Case Design

- Contacts**
- Normal Broad
 - Light Heavy
- Occlusion**
- Ideal Out of Occlusion
 - Light Open ____ mm
- If no occlusal clearance**
- Metal Occlusal Metal Island
 - Reduce Prep Relieve Opposing
 - Send Reduction Coping
 - Call Doctor
- Embrasures**
- Open Closed Normal
- Occlusal Staining**
- None Light
 - Medium Dark
- Pontic Design**
-    

Removables

- Transitional Denture
- Economy Denture
- Standard Denture
- Premium Denture
- Valplast® Partial
- Acrylic Partial
- Acrylic Flipper

Implants & Abutments

- Implant System & Size:** _____
- Abutment:**
- Authentic System (Brand) _____
 - 3rd Party
 - Size: _____
 - Order all implant components

Misc.

- PMMA Temporaries
- Diagnostic Wax-Up
- Bleaching Tray
- Essix Retainer
- Comfort H/S™ Bite Splint
 - Clear
 - Colored _____
 - Upper Lower
- Comfort H/S™ Bite Splint
With guidance/acrylic build-up
- Sports Mouthguard
 - Color: _____
 - Level: _____ (if needed)

Specialty Appliances

- NTI-tss Plus™*
- NTI-tss Plus™ Soft*
- NTI-tss Plus™ Migraine Therapy Set* (inc. NTI-tss Plus™ & NTI-tss Plus™ Daytime)
- *Protrusive measurement _____mm
- Crystal Clear®
- ThermoFit®
- *Max. protrusive measurement required for NTI appliances.

Needs Phone Consultation

Sleep Apnea & Snoring

- ClearDream®
- ClearDream® (w/Thermo-Adaptive Liner)
- TAP® 3
- dreamTAP® Crystal Clear
- EMA®

Other Directions

- Dr. to Trim Dies
- Metal Try-In Bisque Bake

Email photos to: NDXAlbenisiPhotos@nationaldentex.com

Enclosed with Case

- Impression Articulator
- Models Photos
- Bite Other _____

*Please contact us for a separate **Removable, Implant, or Aesthetic Pro RX** or visit ndxalbensilab.com to download.*

- Please send more:**
- FedEx Labels RXs Bio Bags Boxes

Signature _____ License # _____

OTHER PRODUCTS

For additional products and/or restoration types not listed on the front side of this RX, please contact Customer Success to check availability (800.734.3064).

TERMS & CONDITIONS

By signing or sending this Rx script (or a substitute thereof) to NDX Albensi, I agree to abide by all the terms and policies listed herein. NDX Albensi is not responsible for incidental or consequential damages, including inconvenience, lost income, chairtime or pain and suffering.

All accounts are payable within 15 days of the statement date. Any amounts not paid within the terms are subject to a monthly finance charge of 1.5% of the unpaid balance. In addition, the account is subject to COD status whereas the unpaid balance will be added to the cost of the case(s) being delivered. All case items sent will remain the property of NDX Albensi until the balance is paid in full. A minimum of \$25.00 will be charged for all checks returned to NDX Albensi. Any legal fees related to collections are the responsibility of the client. Client agrees that all legal claims and/or disputes shall be governed by the Commonwealth of Pennsylvania and submit to exclusive jurisdiction of and be in venue of. Also, shipping charges will apply and vary depending upon your geographic location.

WARRANTY

For a period of five years from the date of the invoice on all fixed restorations, we guarantee your complete satisfaction with the workmanship and materials of the restoration you purchased. Removable appliances have a two-year warranty and nightguards have a one-year warranty and are subject to review due to the many possible existing circumstances involved. Headache Therapy & Sleep Apnea Appliances have a one-year warranty (from date of purchase). This warranty is in lieu of all other warranties, whether expressed, implied or written by any agent, broker, distributor, employee or representative of NDX Albensi. Incidents where there is failure of supportive tooth or tissue structures, improper adjustments, improper dental hygiene, abuse or accidents make this guarantee null and void.

If, for any reason, the restoration is not acceptable at the time of receipt or at the time of insertion, we shall adjust, repair or replace the appliance at no charge. Simply return the prosthesis with the original model work and an explanation of the problem with your request for adjustment, repair, replacement or refund. If a doctor requests a remake of a case with a change in the design, restoration type, or shade from the original RX, it will be subject to charge. Requests for shade changes for partial and dentures are subject to an additional charge for teeth. When choosing the Transitional Denture Package, we will not fabricate the FINAL denture until SIX full months after the Transitional Denture has been made.

CONDITIONS – Prosthesis/appliance must be inserted by a licensed practicing dentist or prosthodontist within one month of fabrication. Patient must adhere to semi-annual cleanings and exams.