

Doctor Name _____ Patient Name _____

Office/Address _____ Patient Appt. Date & Time _____

City, State, ZIP _____ Phone # _____

Dentures

- Custom Tray
 - Base Plate/Bite Rim
 - Transitional
(one step/immediate tooth removal)
 - Transitional Pkg.
(Transitional + Economy or Standard)
 - Economy*
 - Standard*
 - Premium* (includes Spare Denture)
- *Includes & requires BP/BR, set-up w/teeth, & process to finish.

Instructions

- Upper
- Lower
- Try-In
- Finish
- Shade _____
- Mould _____
 - Square
 - Oval
 - Triangular
- Repair
- Reline
- Reset
- Trim to Myostatic Outline
- Trim to Full Border
- Name on Appliance
- _____
- Other
- _____
- _____
- _____

Partials

- Flexible Partial
- Flexible Partial Complete
- Unilateral Partial
- Acrylic Partial
- Acrylic Flipper
- Framework Only (for metal based)
- With Bite on Frame
(for metal based)
- With Teeth Set up in Wax
(for metal based)

Instructions

- Upper
- Lower
- Try-In
- Finish
- Shade _____
- Mould _____
 - Square
 - Oval
 - Triangular
- Repair
- Reline
- Reset
- Clear Clasps
- Wrought-Wire Clasps
- Metal-Free Clasps
- Name on Appliance
- _____
- Other
- _____
- _____
- _____

Specialty Appliances

- Upper Lower
- Comfort H/S™ Bite Splint
 - Clear
 - Blue
 - Green
 - Pink
- Comfort H/S™ Bite Splint w/guidance/acrylic build-up
- Hard/Hard Nightguard
- Hard Processed Acrylic NG
- All-Soft Nightguard
- Sports Mouthguard
- Color: _____
- Level: _____
- Other: _____
- Bleaching Tray
- Essix Retainer
- 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®

***Maximum protrusive measurement required for NTI appliances.**

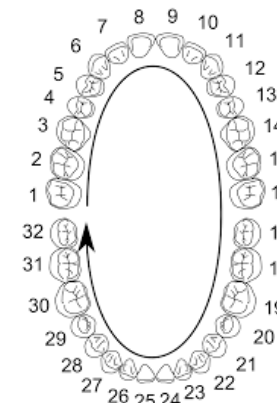
Sleep Apnea & Snoring

- Clear Dream®
- Clear Dream® w/Thermo-Adaptive Liner
- TAP®
- dreamTAP®
- EMA®

Additional Notes

Needs Phone Consultation

Email photos to: NDXAlbensiPhotos@nationaldentex.com



Signature _____

License # _____ Date _____

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 two years from the date of the invoice, we guarantee your complete satisfaction with the workmanship and materials of your removable appliance. 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 a doctor requests a remake of a case with a change in the design, product type or material, or shade from the original RX, it will be subject to be charged. Requests for shade changes for partials and dentures are subject to an additional charge for teeth (since teeth cannot be reused). 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 – 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.