

From:

Today's Date: ___/___/___ Due Date: ___/___/___ by 5pm.

Metal Type	Base	
	Noble	
	High Noble	
All Metal Full Crown		
Foil Occ. Relief		
Porcelain / Metal		
Porcelain Shoulder		
e.max [®]		
Ceramic Veneer		
Temporary Crown		
Verotek™ Layered		
Verotek FCZ		
Verotek Aesthetic		
BruxZir [®]		
Diagnostic Wax Up		
Precision Attachment		
Survey Crown		

Patient Information

Name _____
 Shade _____
 Age _____ Sex: Male Female
 Vigorous Medium Soft
 Preparation Shade:
 ND1 ND2 ND3 ND4 ND5 ND6 ND7 ND8 ND9

Surface Character

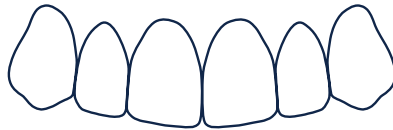
Surface Gloss: Dull _____ Shiny _____
 Surface Texture: Rough _____ Smooth _____
Matches Shade Tab

Characterization

Please indicate the distribution of hues and the types of characterizations desired:

Shade Instructions

Vita-Lumin: _____ Vita 3D: _____
 Chromascope: _____ Other: _____



Pontic Design (Please Mark)

Metal Design (Please Mark)

A B C D E F G H J K L

CROWN & BRIDGE RX

Additional Instructions

Return for Die Trim
 Metal Substructure Try-In
 Bisque-Bake Try-In

Abutment Selection

Stock _____ Custom _____
 Material _____
 Cement Retained _____
 Screw Retained _____

Implants

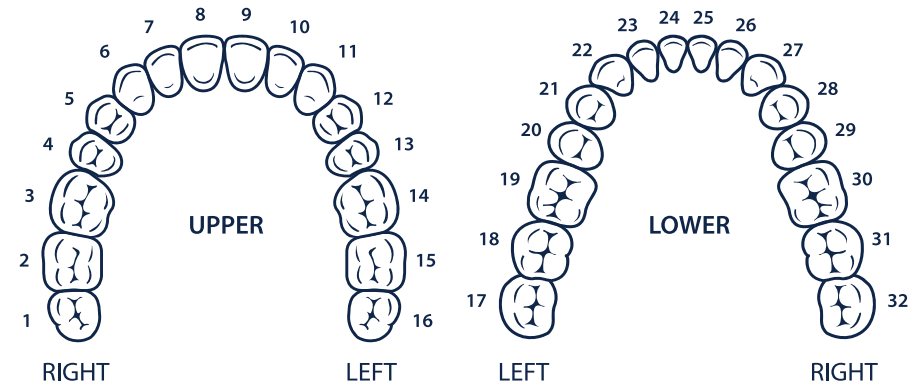
Original-on-Original

Fill in Implant Brand Name
 Compatibility
 Size _____

Photos

Send to: ndxbauerphotos@nationaldentex.com
 Enclosed _____ Emailed _____

Send More RXs Labels Boxes



Dr. Signature _____
 License No. _____