

Doctor: _____
 Practice: _____
 Address: _____
 Phone #: _____ Fax #: _____
 Email: _____

NDX[®] Continental

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Patient Name: _____
 DOB: ____/____/____ Female Male
 Today's Date: ____/____/____ Due Date: ____/____/____ by 5pm

FIXED

| | CL | VALUE |
|------------------------------|--------------------------|--------------------------|
| Ceramics: | | |
| Verotek™ FCZ | <input type="checkbox"/> | |
| Verotek Aesthetic | <input type="checkbox"/> | |
| Verotek Layered | <input type="checkbox"/> | |
| PearlPress™ Monolithic | <input type="checkbox"/> | <input type="checkbox"/> |
| PearlPress Layered | <input type="checkbox"/> | <input type="checkbox"/> |
| Value FCZ | | <input type="checkbox"/> |
| Value Layered Zirconia | | <input type="checkbox"/> |
| PFM: | | |
| Non-precious | <input type="checkbox"/> | <input type="checkbox"/> |
| Noble | <input type="checkbox"/> | <input type="checkbox"/> |
| High Noble | <input type="checkbox"/> | <input type="checkbox"/> |
| Full Cast: | | |
| Non-precious | <input type="checkbox"/> | <input type="checkbox"/> |
| Noble | <input type="checkbox"/> | <input type="checkbox"/> |
| High Noble | <input type="checkbox"/> | <input type="checkbox"/> |

IMPLANTS Choose Abutment

Original-on-Original _____
Fill in Implant Brand Name

Compatibility

Custom Titanium Abutment

Custom Titanium Abutment With Gold Hue

Custom Zirconia Abutment

Prosthetic Guide

SEND MORE RXs Labels Boxes

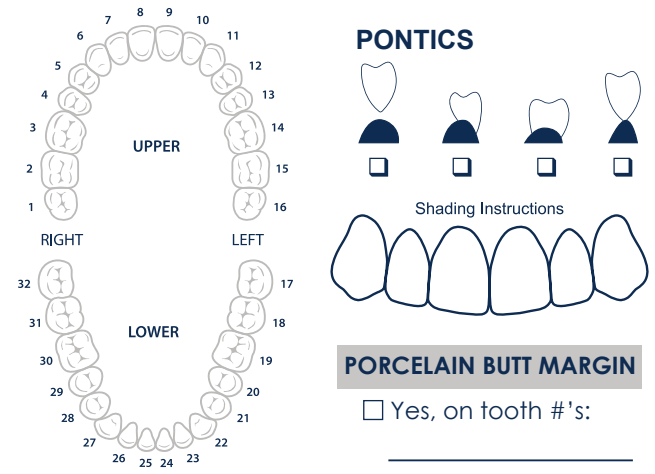
SHADE Tooth Shade: _____

Notes: Please call about this

DR. TO TRIM DIE:
 Yes No

AZ STATE LAW REQUIRES ID ON ALL FULL DENTURES.
 DO NOT ID, DOCTOR HAS PATIENT WAIVER ON FILE.

Dr.'s Signature: _____
 License #: _____



DENTURES Upper Immediate Lower Immediate

Set-up:

Ideal Balance Occlusion
 Lingualized Occlusion Follow Study Model

Denture:

Complete Premium Denture
 Includes Models, Articulation, Bite Rim, Setup, Process & Finish, Premium Teeth

Complete Standard Denture
 Includes Models, Articulation, Bite Rim, Setup, Process & Finish, Standard Teeth

Complete Value Denture
 Includes Models, Articulation, Setup, Process & Finish, Economy Teeth

Immediate Denture
 Includes Models, Articulation, Setup, Process & Finish

Acrylic Shade:

Original Light Reddish Pink
 Light Dark SR-Ivocap® Injected Denture

Stage:

Bite Blocks Setup Reset Finish

SPECIALTY Upper Lower

Thermo-Guard NTI-tss Plus™

Hard Nightguard TAP® 3

Comfort H/S EMA® Snoreguard

Sports Guard or Soft Mouth Guard Bleaching Trays or Essix dreamTAP

PARTIALS Upper Lower

| | CL | VALUE |
|---------------------------------|--------------------------|--------------------------|
| ClearFrame™ | <input type="checkbox"/> | |
| Flexible | <input type="checkbox"/> | <input type="checkbox"/> |
| Metal | <input type="checkbox"/> | <input type="checkbox"/> |
| Flipper (4 teeth or less) | <input type="checkbox"/> | <input type="checkbox"/> |
| Acrylic (5 teeth or more) | <input type="checkbox"/> | <input type="checkbox"/> |

Stage:

Frame only w/ Bite Block w/ Setup w/ Finish

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorney's fees and collection costs if this account is referred to collection.