

Doctor _____
 Street _____
 City/State/Zip _____
 Phone _____
 Fax _____
 E-mail _____

Send all photos to photos@dexteritydental.com
 Photos sent with the case



310 Division Street • P.O.Box 176 • Farmington, MN 55024-0176
 P: 651.463.4444 • T: 800.223.6914 • F: 651.463.7446
 NDXDexterity.com

CROWN & BRIDGE RX

RX

Tooth # _____
 Shade _____
 Stump Shade _____

- Enclosed photos
- Emailed photos

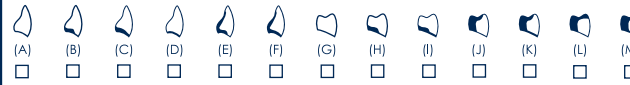
Return:

- For Die Trim
- For Metal Try-In
- Bisque Bake
- Finished

Please send:

- Boxes
- RX Forms
- Shipping Supplies
- Fee Schedule
- Infection Control Bags

METAL DESIGN:



Contacts:

- Open
- Slightly Open
- Closed

Occlusal Stain:

- Yes
- No

If Need Occlusal Clearance:

- Metal Occlusal
- Spot Occlusal
- Reduction Coping

PLEASE PRINT:

Patient Name _____

Male Female Age: _____

Date Sent: _____

Due Date: _____

Time Wanted: _____

RESTORATION TYPE

Porcelain to Metal:

- High Noble (Yellow)
- High Noble (White)
- Noble (White)
- Pred. Base (White)
- Porcelain Butt Shoulder
- Less Abrasive Porcelain

Full-Cast:

- High Noble (Yellow)
- Noble (Yellow)
- Noble Y +
- Noble (White)
- Pred. Base (White)

Cosmetic:

- Lithium Disilicate Esthetic
- Lithium Disilicate Full Contour
- Verotek™ Esthetic-HT
- Verotek Full Contour
- Verotek Layered
- Other _____

INSTRUCTIONS:

Dr. Signature: _____

License#: _____

Date: _____

PONTIC DESIGN

Full Ridge Partial Ridge No Ridge Point Ridge No Contact



MISCELLANEOUS

- Implant Prosthetic Guide

FOR LAB USE

