

Doctor: \_\_\_\_\_

Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Patient First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

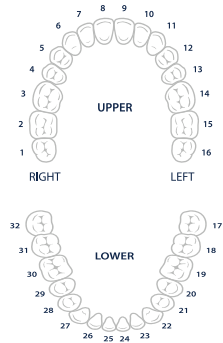
Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ by 5 pm

### SHADE

Tooth Shade: \_\_\_\_\_

Notes:

Please call about this case



Dr.'s Signature: \_\_\_\_\_

License #: \_\_\_\_\_

### SEND MORE

RXs  Labels  Boxes

# NDX<sup>®</sup> Dexterity

310 Division St. • Farmington, MN 55024  
P: 651.463.4444 • T: 800.223.6914 • F: 651.463.7446  
NDXDexterity.com

## DENTURES

Upper  Lower

### Setup:

- Ideal  Balance Occlusion
- Lingualized Occlusion  Follow Study Model
- Irregular

### Acrylic Shade:

- Original  Medium
- Light/Medium  Dark/Medium
- Dark

### Stage:

- Tray
- Bite Blocks  Setup  Reset  Finish

## SPECIALTY

Upper  Lower

- Rem-e-deze™  NTI-tss Plus™  Retainer
- Thermo-Guard  TAP® 3  .040
- Hard Nightguard  EMA® Snoreguard  .060
- Comfort H/S  ClearDream®  .080
- Mouth Guard  Bleaching Trays

## PARTIALS

Upper  Lower

- |                                |                          |  |                                      |
|--------------------------------|--------------------------|--|--------------------------------------|
|                                | TC                       |  | Flex Shade                           |
| Essix Flipper.....             | <input type="checkbox"/> |  |                                      |
| ClearFrame®.....               | <input type="checkbox"/> |  |                                      |
| DuraFlex .....                 | <input type="checkbox"/> |  |                                      |
| Metal.....                     | <input type="checkbox"/> |  | <input type="checkbox"/> Clear       |
| Flipper (3 teeth or less)..... | <input type="checkbox"/> |  | <input type="checkbox"/> Pink        |
| Acrylic (4 teeth or more)..... | <input type="checkbox"/> |  | <input type="checkbox"/> Light Brown |

### Stage:

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

Teeth:  Economy  Premium

# REMOVABLE RX

### ENCLOSED WITH CASE:

- Model  Metal Trays  Other \_\_\_\_\_
- Articulator  Teeth \_\_\_\_\_
- Bite  Photos  Emailed photos@ dexteritydental.com
- Impressions  Shade Tab

## FOR LAB USE ONLY

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%.