

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



5501 Wilshire NE, Suite B • Albuquerque, NM 87113
 P: 800.998.6684 • L: 505.265.2200
 NDXIdeal.com

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

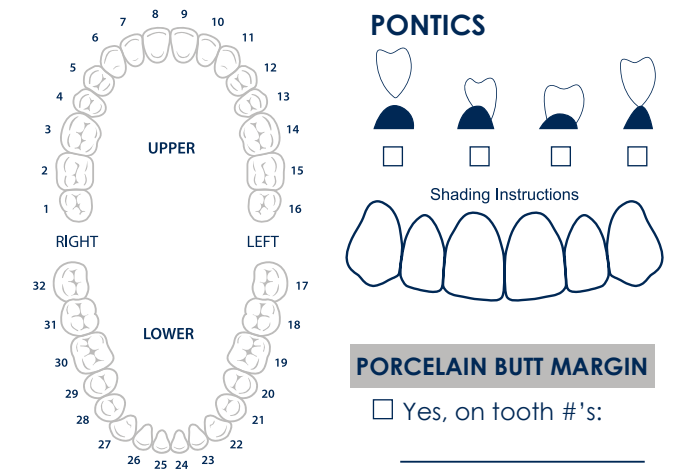
SHADE

Tooth Shade: _____

Notes: Please call about this

DR. TO TRIM DIE:
 Yes No

Dr.'s Signature: _____
 License #: _____



DENTURES

Upper Immediate
 Lower Immediate

Setup:

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

Stage:
 Bite Blocks Setup Reset Finish

SPECIALTY

Upper Lower

Thermo-Guard NTI-tss Plus™ ClearDream®

Crystal Clear® TAP® 3

Comfort H/S EMA® Snoreguard

Sports Guard or Soff Mouth Guard Bleaching trays or Essix dreamTAP

PARTIALS

Upper Lower

	CL	VALUE
ClearFrame™	<input type="checkbox"/>	
Flexible	<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.