Affix Barcode Doctor/Address label below Doctor:____ Street: City/State/Zip:_____ E-mail:____ PLEASE PRINT: Patient Name: _____ Age: _____ Male Female Due Date: **ALL CERAMIC** □ Verotek® FCZ □ PearlPress Monolithic □ PearlPress Layered □ Verotek Aesthetic □ Verotek Layered **PORCELAIN TO METAL** □ Porcelain to Metal Alloy Selection: □ Noble* ☐ High Noble Yellow ☐ High Noble White □ Non-precious Metal Design: ☐ Porcelain Butt Margin (Shoulder Required) *NDX Lords Standard **FULL-CAST CROWN** ☐ Full-cast Crown □ Noble White* ☐ High Noble Yellow □ Noble Yellow □ Non-precious *NDX Lords Standard

Dr. Signature:

Date: _____ License #: _____



1500 West Main Avenue • De Pere, WI 54115 P: 920.347.2929 • T: 800.821.0859 • F: 920.347.2915 NDXLords.com

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Prep Sh	hade:	ade is Mandatory for PearlPress®	
Gingivo	al:		
Body:			
Incisal:	:		
	☐ Study model enclosed		
Email digital images to NDX Lords (imagesgb@lordsdental.com)		rds	
	☐ Patient coming to lab for shad	е	

INSTRUCTIONS

- $\hfill\square$ Please make my standard PTM per my preferences on file
- ☐ Please make my standard all ceramic crown per my preferences on file
- □ Call me □ Photos enclosed
- □ Photos emailed

Tooth # _____

CROWN & BRIDGE RX

ECONOMY LINE

- □ PMZ Basic Monolithic Zirconia
- □ Noble Crown (PFM) up to 4 units (alloy included)
- ☐ Economy Yellow FCC (Noble alloy up to 1.5 dwt)
- □ Non-precious PTM

PONTIC DESIGN

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Ridge Relief

- \square None \square Slight \square Medium \square Extraction
- ☐ Previously Completed by Doctor

IMPLANTS

Abutments □ Original-on-Original	
□ Compatibility	Fill in Implant Brand Name
□ Prosthetic Guide	

FOR LAB USE:

SUPPLY REQUEST:

- ☐ Fixed Rx Forms
- □ Removable Rx Forms
- ☐ Ortho Rx Forms
- □ Barcode Rx Labels
- ☐ Boxes...... small / medium / large (circle one)
- ☐ Shipping Labels...... UPS / USPS / FedEx (circle one)