

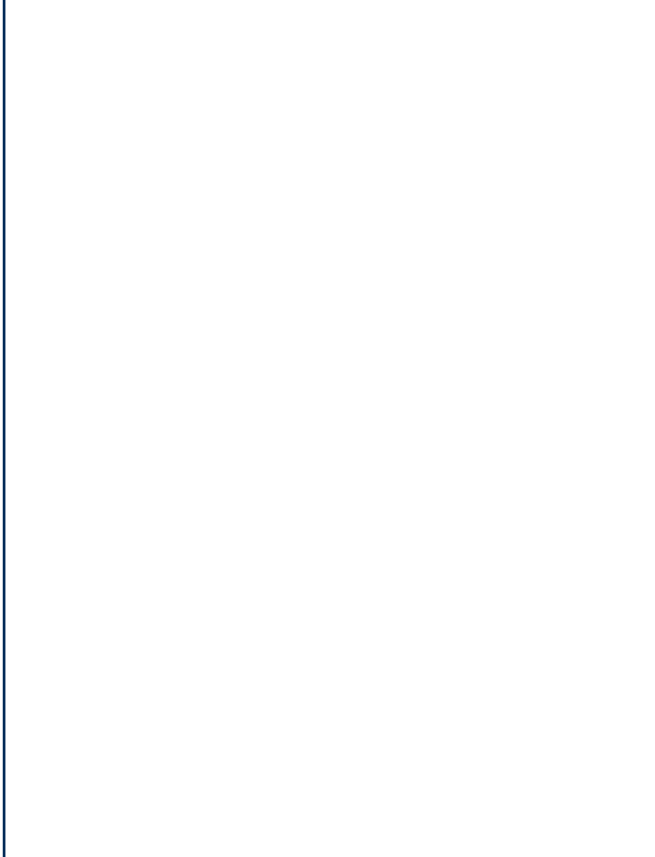
Doctor _____
 Street _____
 City/State/Zip _____
 Phone _____
 Fax _____
 E-mail _____



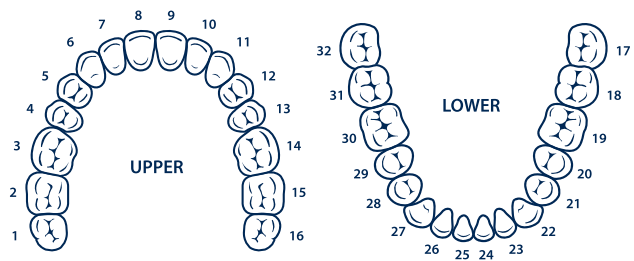
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REMOVABLE RX

INSTRUCTIONS



DESIGN



PLEASE PRINT:
 Patient Name _____
 Age: _____ Male Female
 Due Date: _____

- Economy Denture Bundle (Economy Teeth)
- Economy Partial Frame (Economy Teeth)
- DuraFlex™ (Economy Teeth)
Excludes Custom Trays

DESIGN/TYPE
 Material Design/Type
 Wironium™* Standard*
 Ultaire™ AKP All Cast

CASE TYPE F/ /F P/ /P
 Treatment Partial DuraFlex Cushion Clasp™

PROCEDURE Rebase Repair Reline
 Custom Tray Perforated Solid

CLASP
 Duraflex # _____ Clear Pink
 Wrought Wire # _____ Custom Clasp # _____

Check here for a complimentary Base Acrylic Shade Guide

*Lords' Standard

Monodont® Bridge Tooth #: _____

Dr. Signature: _____
 Date: _____ License #: _____

BASEPLATE
 Light Cure

PROCESSED BASEPLATE
 IVOCAP processed Bite Rim
 Lucitone Process
 Ethnic (pick shade - see below)

Setup
 Dentsply Premium Vita MFP Porcelain

SHADE Anterior: _____
 Posterior: _____
 Guide used: _____

MOLD ANT _____
 POST _____

FACIAL CHARACTERISTICS
 Square Tapering Square
 Tapering Ovoid

READINGS
 Alamater: _____ LipRuler: _____
 Alama Gauge: _____

FINISH
 SR Ivocap Injection Fricke HI
 199 Success Injection Ethnic Light (Luc. Dark)
 Lucitone 199 Ethnic Medium (52)
 Lucitone Light Ethnic Dark (51)
 Characterized Lucitone

TECHNIQUE
 Neutral Zone (Dr. Massad Technique)

FOR LAB USE ONLY