Doctor: _____

Practice: _____

Street: _____

City/State/Zip: _____

Phone: _____

FIXED - Accepting all digital files

ALL CERAMICS

- ☐ Verotek™ FCZ (Full-contour Zirconia)
- ☐ Verotek Aesthetic (Translucent Full-contour Zirconia)
- ☐ Verotek Layered (Fully Layered w/Porcelain)
- ☐ IPS e.max®
- ☐ IPS e.max Layered

PFM

- ☐ Base
- ☐ Noble (White)*
- ☐ High Noble (White)
- ☐ High Noble (Yellow)

*default

FULL CAST

- ☐ Base
- ☐ Noble (White)
- ☐ Noble (Yellow)
- ☐ High Noble (Yellow)

TOOTH #

IF INSUFFICIENT OCCLUSAL CLEARANCE

- ☐ Please Call
- ☐ Reduce/Mark On Opposing
- ☐ Reduce/Mark On Prep
- ☐ Reduction Coping

Dr. to Trim Die

☐ Yes ☐ No

PONTICS

Metal Margins Designs

FIXED UPGRADES

☐ Porcelain Butt Margin ☐ Crown Fit to Existing Partial

IMPLANTS

- ☐ Genuine Abutment Package*
- ☐ Smart Abutment Package
- ☐ Prosthetic Guide

☐ Cement Retained ☐ Screw Retained

ABUTMENT MATERIAL

☐ Titanium ☐ Gold Hue ☐ Zirconia

CROWN MATERIAL

☐ Verotek FCZ ☐ Verotek Layered ☐ Temporary

☐ Verotek Aesthetic ☐ IPS e.max® ☐ Noble PFM

Implant Manufacturer	Type & Diameter	Tooth Number

*default

NDX® Lumident

8840 Commerce Park Place, Bldg. 4 • Indianapolis, IN 46268

P: 317.802.7878 • T: 866.586.4336 • F: 317.802.7879

email: photos@lumident.net

TOOTH SHADE: _____

PLEASE PRINT: Patient

FIRST _____

LAST _____

Age_____

☐ Male ☐ Female

Expected Delivery Date

_____by 5:00 pm

☐ Call in before 9:30 am for delivery after 3:30 pm

Same-day service patient appointment time_____

☐ Please call about this case

☐ Photos sent - photos@Lumident.net

Name on ID: _____

☐ Diagnostic Wax Up ☐ Temporary Crown

SEND MORE

☐ RX's ☐ Boxes ☐ Labels Other_____

Dr. Signature: _____

Date:_____ **License #:** _____

DENTURES

SET-UP

Anterior
- ☐ Ideal
- ☐ Characterized

Posterior
- ☐ Lingualized Occlusion
- ☐ Balanced Occlusion

PROCESS/ACRYLIC SHADE:

- ☐ Preference
- ☐ Ethnic Mild
- ☐ Ethnic Heavy
- ☐ US-D
- ☐ Ethnic Moderate
- ☐ Other _____

FULL DENTURE ☐ Premium ☐ Standard ☐ Economy

- ☐ **Maxillary**
- ☐ **Mandibular**
- ☐ Custom Tray
- ☐ Baseplate/Bite Rim
- ☐ Immediate
- ☐ Teeth/Try-in
- ☐ Reset
- ☐ Finish

PARTIAL DENTURE ☐ Premium ☐ Standard ☐ Economy

- ☐ **Maxillary**
- ☐ **Mandibular**
- ☐ Design Only
- ☐ Frame Only
- ☐ Frame/Bite Block
- ☐ Frame/Set Teeth
- ☐ Frame/Set Teeth/Finish
- ☐ Finish

ACRYLIC PARTIAL

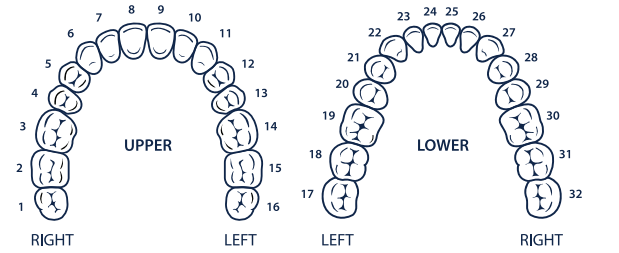
- ☐ **Maxillary**
- ☐ **Mandibular**
- ☐ Set Teeth
- ☐ Finish
- ☐ Wire Clasp
- ☐ Ball Clasp

FLEXIBLE PARTIAL

- ☐ **Maxillary**
- ☐ **Mandibular**
- ☐ DuraFlex
- ☐ Set Teeth
- ☐ Finish
- ☐ Hybrid (Metal Frame-work w/Flexible Clasp

SHADE ☐ Pink ☐ MD Pink ☐ DK Pink ☐ Clear ☐ Other _____

DENTURE/PARTIAL DESIGN



SPECIALTY ☐ Maxillary ☐ Mandibular

NTI-TSS PLUS™ & OCCLUSAL GUARDS

- ☐ Thermo-Guard
- ☐ NTI-tss Plus
- ☐ Comfort H/S
- ☐ Comfort Hard
- ☐ Sports Mouth Guard
- ☐ Processed Night Guard
- ☐ Essix
- ☐ Bleaching Trays
- ☐ Clear Retainer
- ☐ Comfort Soft

SNORING & SLEEP APNEA

- ☐ ClearDream®
- ☐ EMA® Snoreguard
- ☐ TAP® 3
- ☐ dreamTAP