

Doctor \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Cell # \_\_\_\_\_  Please Text  
 E-mail \_\_\_\_\_



2650 NE Hagan Road • Lee's Summit, MO 64064  
 T: 800.444.3685 • P: 816.220.7800  
 NDXMallowTru.com

**Please send:**  Boxes  Prescriptions  
 Labels (Circle one of the following) FedEx UPS US Mail

**PATIENT:**

Patient Name \_\_\_\_\_  
 Age: \_\_\_\_\_  Male  Female  
 Appt Date & Time \_\_\_\_\_

**RESTORATIONS**

**ALL CERAMIC**

- Lithium Disilicate Monolithic  Lithium Disilicate Esthetic
  - Lithium Disilicate Veneer  Presentation Wax Up
- Indicate stump or present tooth shade for all ceramics

**ZIRCONIA**

- Verotek™ FCZ  Verotek Layered
- Verotek Aesthetic

**PORCELAIN FUSED-TO-METAL**

- Porcelain to Base  Porcelain to Noble (white)
- Porcelain to High Noble (white)

**FULL CAST RESTORATIONS**

- Base Metal  Noble (white)
- 2% AU  High Noble (yellow)
- 46% AU

**IMPLANT SERVICES**

Custom Abutment  Stock Abutment  Prosthetic Guide  
 Implant Company Name \_\_\_\_\_  
 Type \_\_\_\_\_ Diameter \_\_\_\_\_  
**Please include copy of surgery letter.**

**IF INADEQUATE OCCLUSAL CLEARANCE**

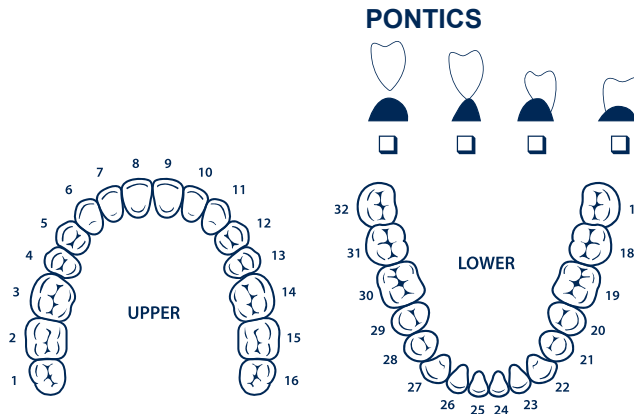
- Please Call  Reduce Opposing  Reduce Prep
- Make this a permanent note in my Technical Preferences

**Dr. Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**SHADE**

Shade: \_\_\_\_\_  
 Guide used: \_\_\_\_\_  
 Stump: \_\_\_\_\_



**OCCLUSAL STAINING**

- None  Light  Medium  Dark

**PARTIALS & FULL DENTURES**

- Cast Chrome Partial (Framework Only)
- Standard Partial (includes Framework, Set-up, Lucitone 199 Finish and Patient ID)
- Economy Partial (includes Framework, Set-up, "Smooth Finish" and Patient ID)

- Valplast®:**  Boomer  Classic  Select  
**DuraFlex™:**  Boomer  Classic  Select  
**Flipper:**  Acrylic  Wrought Wire Acrylic

- Premium Denture** (includes Set-up, Ivocap Finish, Premium Teeth and Patient ID)
- Standard Denture** (includes Set-up, Lucitone 199 Finish, Premium Teeth and Patient ID)
- Economy Denture** (includes Set-up, Smooth Finish, Kenson® Teeth and Patient ID)
- Immediate Denture**

**Tooth Setup:**  Ideal  Characterized  Study Model  
 Male  Female Age: \_\_\_\_\_

**Acrylic Shade:**  Standard  Light  Dark  
 Ethnic  Medium

**Tooth Selection:**  Kenson Teeth  
 Shade: \_\_\_\_\_ Mould: \_\_\_\_\_  
 Premium Teeth  
 Shade: \_\_\_\_\_ Mould: \_\_\_\_\_

**NIGHTGUARDS/BITE SPLINTS**

Choose Arch:  
 Upper  Lower  
 Comfort H/S™  Thermofit™  
 Crystal Clear® Other: \_\_\_\_\_  
 NTI-tss™ Plus Nighttime  
 NTI-tss Plus Universal Therapy Set  
 NTI-tss Plus + Soft (must be extended 2nd bi-2nd bi)  
 Maximum Protrusive Measurement \_\_\_\_\_ mm

**SNORING/SLEEP APNEA**

- dreamTAP®  ClearDream®
- TAP® 3  EMA®