RX Date:_____

Prescribing Doctor:_____

Patient Name:_____

DOB:___/___/___ Female Male

Today's Date: ___/___/___ Due Date: ___/___/___ by 5pm.

Ship to Address (if different than Prescribing Dr.):_____

_____

_____

_____

City _____ State _____ Zip _____

Phone: _____

Shade: _____ **Custom Shade by lab:** ☐ _____

NDX® nSequence

ADVANCED DENTAL TECHNOLOGIES

5420 Kietzke Ln. Ste. 205 • Reno, NV 89511
P: 775.827.6645 • F: 775.827.6650 • ndxnsequence.com

ADVANCED AESTHETICS RX

If custom shade by lab, provide Pt#

Pt# _____

Pt# _____

Payment Method: **New clients will be billed by credit card unless credit application has been completed.*

☐ *Visa* ☐ *MC* ☐ *AE* ☐ *COD*

Card# _____ *Exp:* _____

Signature: _____

Print Name: _____

SPECIAL INSTRUCTIONS

☐ Please call about this case

Reason for Veneer
- ☐ Closing Diastema
- ☐ Discolored Teeth
- ☐ Misalignment
- ☐ Lengthening

Smile Design
- ☐ Follow Study Model
- ☐ Follow Provisional
- ☐ Match Photo
- ☐ Make Ideal

Temporary
- ☐ Composite
- ☐ Acrylic _____
- ☐ PMMA_____

Type of Restoration	**Tooth#**
☐ Crown	_____
☐ Bridge	_____
☐ Veneer	_____
☐ Onlay	_____
☐ Inlay	_____
☐ Implant*	_____
All Ceramic	
☐ Lith.Dis (mono)	_____
☐ Lith.Dis w/Porc	_____
☐ Solid Zirconia (no porc)	_____
☐ Zirconia w/Porc	_____
Full Gold Crown	
☐ FGC (yellow)	_____
☐ FGC (white)	_____
☐ FC (non-prec)	_____

Porcelain Fused to Metal - PFM	**Tooth#**
☐ White gold-semi prec	_____
☐ Yellow gold-prec	_____
☐ Non-Prec	_____
☐ Other	_____
Porcelain Margin	
☐ Facial	_____
☐ 360˚	_____
Post & Core	
☐ Yellow Gold	_____
☐ White Gold	_____
Miscellaneous	
☐ Metal Occlusal	_____
☐ Metal Lingual	_____

Diagnostic Wax Up
- ☐ 3 or more units = digital
- ☐ Presentation White
- ☐ Tooth Colored A-1

Surface Anatomy
- ☐ Smooth
- ☐ Textured
- ☐ Match Existing

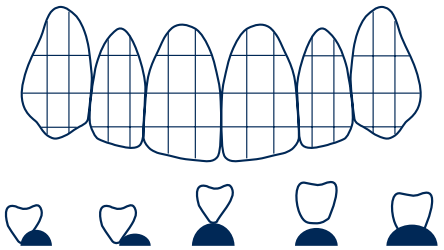
Surface Finish
- ☐ High Glaze
- ☐ Polished Gloss
- ☐ Satin Finish
- ☐ Low Gloss

Incisal Translucency
- ☐ Minimal .5 mm
- ☐ Modest 1.0 mm
- ☐ Max 1.5 mm
- ☐ Mamelon

Email pictures to: photos@nsequence.com

OCCLUSAL STAINS

☐ None ☐ Light ☐ Medium



Additional Information Provided:
- ☐ Photo w/ Shade Tab
- ☐ Photo w/ Stump Shade
- ☐ Emailed photos
- ☐ Photo of Smile

If Inadequate Clearance
- ☐ Reduce & Mark Die
- ☐ Reduction Coping
- ☐ Spot Opposing
- ☐ Call Doctor

Single Unit Tooth #'s _____

Bridge Tooth #'s _____

Dr.'s Signature: _____

License #: _____

***Implant Case: Please also complete "Implant RX"**

**Custom shade times differ due to difficulties in isolating shades with extreme color difference ie: tetracycline staining or hypo-calcification marks. This may result in more than one shade appointment.