

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: _____ Stumpf Shade: _____



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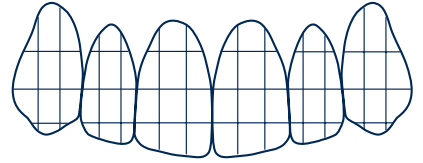
FIXED RX

SPECIAL INSTRUCTIONS

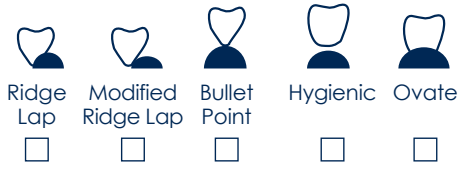
Blank area for special instructions.

OCCLUSAL STAINS

None Light Medium



Pontic Designs



Type of Restoration	Tooth#	All Ceramic	Tooth#	Incisal Translucency
<input type="checkbox"/> Crown	_____	<input type="checkbox"/> Lithium Disilicate (monolithic)	_____	<input type="checkbox"/> Minimal .5 mm
<input type="checkbox"/> Bridge	_____	<input type="checkbox"/> Lithium Disilicate w/Porcelain	_____	<input type="checkbox"/> Modest 1.0 mm
<input type="checkbox"/> Veneer	_____	<input type="checkbox"/> Solid Zirconia (no porcelain)	_____	<input type="checkbox"/> Max 1.5 mm
<input type="checkbox"/> Onlay	_____	<input type="checkbox"/> Zirconia w/Porcelain	_____	<input type="checkbox"/> Mamelon
<input type="checkbox"/> Inlay	_____			
<input type="checkbox"/> Implant	_____			
Implants		Full Gold Crown		Contacts
Implant System _____		<input type="checkbox"/> FGC (yellow) Noble _____		<input type="checkbox"/> Broad & Firm
		<input type="checkbox"/> FGC (white) Noble _____		<input type="checkbox"/> Light
		<input type="checkbox"/> FC (non-precious) _____		<input type="checkbox"/> Medium
Abutment Type		Porcelain-Fused-to-Metal PFM		<input type="checkbox"/> Heavy
<input type="checkbox"/> Stock		<input type="checkbox"/> White Gold Noble _____		<input type="checkbox"/> Tight
<input type="checkbox"/> Custom Titanium		<input type="checkbox"/> Yellow Gold High Noble _____		If Inadequate Clearance
<input type="checkbox"/> Custom Gold Hue		<input type="checkbox"/> Non-precious _____		<input type="checkbox"/> Reduce & Mark Die
<input type="checkbox"/> Custom Zirconia		<input type="checkbox"/> Other _____		<input type="checkbox"/> Spot Opposing
<input type="checkbox"/> Screw Retained (extra fee)				<input type="checkbox"/> Reduction Coping
<input type="checkbox"/> Cement Retained				<input type="checkbox"/> Call Doctor

Email pictures to: photos@nsequence.com

Additional Information Provided:

Photo w/ Shade Tab Photo of Smile

Photo w/ Stumpf Shade

Emailed Photos

Single Unit Tooth #'s _____

Bridge Tooth #'s _____

Dr.'s Signature: _____

License #: _____