

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

Send all photos to ndxrogersphotos@nationaldentex.com
 Photos sent with the case



2407 Denso Drive • Athens, TN 37303
 P: 423.745.7115 • T: 800.278.6046 • F: 423.746.0283

CROWN & BRIDGE RX

SHADES

Characterizing Shades with tooth images

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Cervical | <input type="checkbox"/> Dentin Gingival |
| <input type="checkbox"/> Interproximal | <input type="checkbox"/> Lingual | <input type="checkbox"/> Incisal |
| <input type="checkbox"/> Inc. Edge | | |

PONTIC DESIGN



Ridge Relief

- | | | | |
|---|---------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Medium | <input type="checkbox"/> Extraction |
| <input type="checkbox"/> Previously completed by doctor | | | |

FOR LAB USE:

INSTRUCTIONS

Large empty box for instructions.

PLEASE PRINT:

Patient Name _____

Age: _____ Male Female

Due Date: _____

ALL CERAMIC

- | | |
|--|--|
| <input type="checkbox"/> Verotek™ FCZ | <input type="checkbox"/> Verotek Layered |
| <input type="checkbox"/> Verotek Aesthetic | <input type="checkbox"/> Lithium Disilicate Monolithic |

PORCELAIN FUSED-TO-METAL

- Porcelain to Metal

Alloy Selection:

- | | |
|--|--|
| <input type="checkbox"/> Base Metal | <input type="checkbox"/> High Noble White |
| <input type="checkbox"/> Semi-Precious Noble Metal | <input type="checkbox"/> High Noble Yellow |

Metal Design:



IMPLANTS

- Prosthetic Guide

FULL-CAST RESTORATION

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Full-Cast Crown | <input type="checkbox"/> Noble White |
| <input type="checkbox"/> High Noble Yellow | <input type="checkbox"/> Non-Precious |
| <input type="checkbox"/> Noble Yellow | |

SUPPLY OPTIONS

- Boxes Scripts Shipping Labels

Dr. Signature: _____

Date: _____ License #: _____

SHADE

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Vita Classic | <input type="checkbox"/> Vita 3D |
| <input type="checkbox"/> Noritake | <input type="checkbox"/> _____ |

