

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:

### 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"/> PearlPress™ 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

- Original-on-Original \_\_\_\_\_  
Fill in Implant Brand Name
- Compatibility
- Prosthetic Guide

## FULL-CAST RESTORATION

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

### SUPPLY OPTIONS

- Boxes  Scripts  Shipping Labels

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

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

## INSTRUCTIONS

## SHADE

- Vita Classic  Vita 3D
- Noritake  \_\_\_\_\_

