

Doctor \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

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



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 NDXRogers.com

# REMOVABLE RX

## INSTRUCTIONS

### PLEASE PRINT:

Patient Name: \_\_\_\_\_  
 Type of Case: \_\_\_\_\_  
 Age: \_\_\_\_\_  Male  Female  
 Due Date: \_\_\_\_\_

### PARTIALS

- Vitallium®  Economy  Flex  Acrylic  
 Flex combo  Transitional

### PARTIALS OPTIONS

- Wrought Wires  Flex Clasps  
 Bite Rim  Frame Try-in  
 Try-in with Teeth  Process & Finish

### BITE GUARD

- Rogers Clear Guard  Hard/Soft  
 ProForm

### SPECIALTY APPLIANCE

- NTI-tss™  EMA®  TAP® 3  
 ClearDream®  dreamTAP

### SUPPLY OPTIONS

- Boxes  Scripts  Shipping Labels

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

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

### DENTURES

- Doctor's Choice / premium  
 Value Plus / economy  
 Surgical Kit - incl. economy + premium

### DENTURES

- Bite Block  Try In  Finish  Custom Tray
- Shade \_\_\_\_\_  
 Mold \_\_\_\_\_  
 Square Tapering  
 Square  
 Tapering  
 Ovoid

### FINISH

- Lucitone 199  Ethnic Dark  
 Lucitone Light  Ethnic Medium

### FOR LAB USE:

## DESIGN

