Doctor_____

Street_____

City/State/Zip_____

Phone_____ Today's Date: _____

PLEASE PRINT:

Patient Name

First_____ Last_____

Age_____ ☐ Male ☐ Female

FIXED

IF INSUFFICIENT OCCLUSAL CLEARANCE

☐ Please Call ☐ Reduce/Mark On Opposing
☐ Reduce/Mark On Prep

ALL CERAMICS

☐ Verotek™ FCZ
☐ Verotek Aesthetic
☐ Verotek Layered
☐ PearlPress™ (Lithium Disilicate)
☐ Other_____

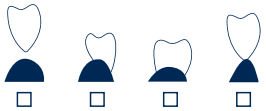
PORCELAIN TO METAL

☐ Predominantly Base
☐ Noble
☐ High Noble White
☐ High Noble Yellow
☐ Captek

FULL CAST

☐ Predominantly Base
☐ Noble
☐ High Noble

PONTICS



☐ ☐ ☐ ☐

Ridge Relief: ☐ None ☐ Slight ☐ Med. ☐ Heavy

☐ Implant Prosthetic Guide

DENTURES

☐ Upper ☐ Try-in ☐ Finish
☐ Lower ☐ Immediate

☐ Bite Rim ☐ Custom Tray

SETUP

☐ Ideal ☐ Balance Occlusion
☐ Lingualized Occlusion ☐ Follow Study Model

PROCESS/ACRYLIC SHADE:

☐ Standard Fibered ☐ Ethnic Moderate
☐ Ethnic Mild ☐ Ethnic Heavy
☐ Ivocap® Processing - extra fee

PARTIALS

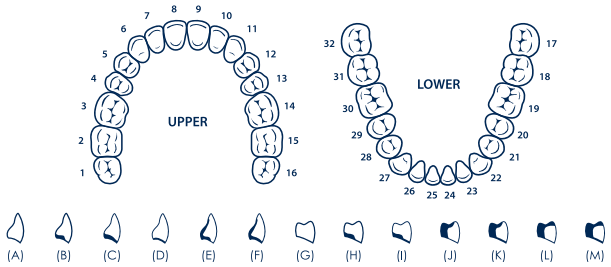
☐ Upper ☐ Lower

TYPE: ☐ Metal Framework ☐ ClearFrame® ☐ Flexible ☐ Temporary Acrylic

RETURN: ☐ Metal Try-in ☐ Teeth Try-in ☐ Bite Rim ☐ Finish

NDX® Saber

803 West College Avenue • Waukesha, WI 53186
P: 262.542.5100 • 800.365.3210 • NDXSaber.com



PORCELAIN BUTT MARGIN

☐ Yes, on tooth #'s:

_____

Shading Instructions

IMPLANTS

☐ Original-on-Original _____
Fill in Implant Brand Name

☐ Compatibility

☐ Custom Titanium Abutment ☐ Custom Titanium Abutment With Gold Hue ☐ Custom Zirconia Abutment

Platform Size:_____ Manufacturer:_____

ORTHO • GUARDS • NTI-TSS

NTI-TSS PLUS & OCCLUSAL GUARDS

☐ Thermo-Guard ☐ NTI-tss Plus™
☐ Comfort H/S ☐ Acrylic Night Guard

Max Protrusion: _____

FIXED/REMOVABLE ORTHO

☐ Lingual Arch ☐ Hawley w/Clasp
☐ Band & Loop
☐ Other_____

SNORING & SLEEP APNEA

☐ ClearDream® ☐ TAP® 3
☐ EMA® Snoreguard

SEND MORE

☐ RXs ☐ Boxes ☐ Labels ☐ Other _____

FOR LAB USE ONLY

☐ Implant ☐ Opp Mod ☐ Bite
☐ CB ☐ Work Mod ☐ Crown
☐ Imp ☐ Study Mod ☐ Coupon
☐ ART/Mod ☐ Partial ☐ Denture

DR. NOTES

Tooth Shade:_____ **Stump Shade:**_____

☐ Please call about this case ☐ Dr. Die Trim

Dr. Signature: _____

Due Date: _____ **License #:** _____