

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



3873 Rocky River Drive • Cleveland, OH 44111  
 P: 216.671.0577 • T: 800.747.5577 • F: 216.671.4347  
 NDXSalem.com

**PLEASE PRINT:**

Patient Name \_\_\_\_\_  
 First: \_\_\_\_\_ Last: \_\_\_\_\_  
 Age: \_\_\_\_\_  Male  Female  
 Due Date: \_\_\_\_\_

**CROWN & BRIDGE**

**ALL CERAMICS**

- Verotek™ FCZ
- Verotek Aesthetic
- Verotek Layered
- PearlPress™ Monolithic
- PearlPress Layered
- Die Trim
- Metal Try-in
- Bisque Bake

**PFM**

- Non-precious White
  - Semi-precious White
  - Other \_\_\_\_\_
- Porcelain Butt Margin:  
 Yes  No
- If insufficient occlusal clearance: \_\_\_\_\_

**IMPLANTS**

**Choose Abutment:**

- Original-on-Original** \_\_\_\_\_  
Fill in Implant Brand Name
- Compatibility**

- Titanium Screw-retained Abutment**  
with Verotek FCZ, Verotek Aesthetic (anterior only), PFM, PearlPress Monolithic or PearlPress Layered
- Titanium Cement-retained Abutment**  
with Verotek FCZ, Verotek Aesthetic (anterior only), PFM, PearlPress Monolithic
- Titanium Cement-retained Abutment**  
with Verotek Layered, PearlPress Layered, PFM Noble
- Zirconia Cement-retained Abutment**  
with Verotek Layered, PearlPress Layered

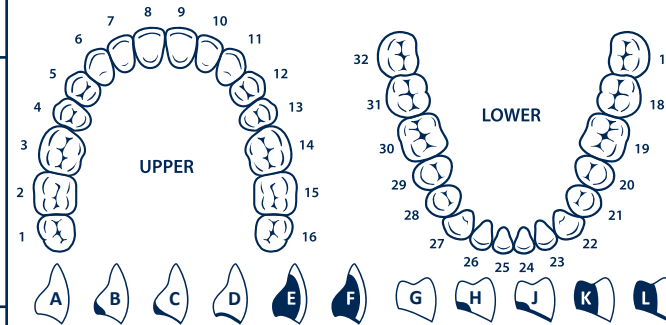
**Prosthetic Guide**

**SEND MORE**

- RXs  Boxes  Labels  Other \_\_\_\_\_

**SHADE**

Shade: \_\_\_\_\_  
 Guide used: \_\_\_\_\_  
 Stump: \_\_\_\_\_



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

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

**DENTURES**

- Upper  Immediate  
 Lower  Immediate

- Custom Tray  Perforated  No holes  
 Bite Block

Denture .....  ECONOMY  STANDARD  PREMIUM

- Wax Try-in  Finish

**PARTIALS**

- Upper  Immediate  
 Lower  Immediate

**Framework:**

- |                      | ECONOMY                  | STANDARD                 | PREMIUM                  |
|----------------------|--------------------------|--------------------------|--------------------------|
| Metal .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible/Combo ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All Acrylic .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ClearFrame™ .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Frame Only  w/Rim  w/Set-up  w/Finish

**APPLIANCES**

**Heat Processed**

- Thermo-Guard™
- All Hard Guard
- Day Guard
- ClearDream®
- Hard w/ Soft Liner
- NTI-tss Plus™
- NTI-tss Universal Set
- NTI-tss Migraine Set

**Vacuum/Suck Processed**

- EMA® Snoreguard
- TAP® 3
- Hard/Soft Dual
- Comfort H/S™
- Bleaching Tray
- dreamTAP®

**Additional Appliances**

- Hawley Retainer
- Surgical Stent w/Pins
- Space Maintainer

All dental appliances are manufactured in the U.S. by NDX Salem Laboratories/NDX Laboratories unless otherwise noted. Complete producer and material information is available from NDX Salem Laboratories. Net amount of invoices is due within 30 days of order; all balances beyond 30 days are subject to a finance charge of 2%. I agree to pay reasonable attorney's fees and collection costs if this account is referred to collection.