

**PLEASE PRINT:**

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Patient: \_\_\_\_\_

Age: \_\_\_\_\_ ☐ Female ☐ Male

Today's Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Notes: \_\_\_\_\_

☐ Please call about this case

Dr.'s Signature: \_\_\_\_\_

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



YOUR DENTAL LAB PARTNER

1200 Winner Avenue S.W. • Huntsville, AL 35805 • P: 256.533.5120 • F: 256.533.9719 • ndxscrimpsire.com

Questions? Call us toll free at:  
800.633.2912**CROWN & BRIDGE****Ceramics:**

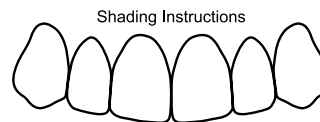
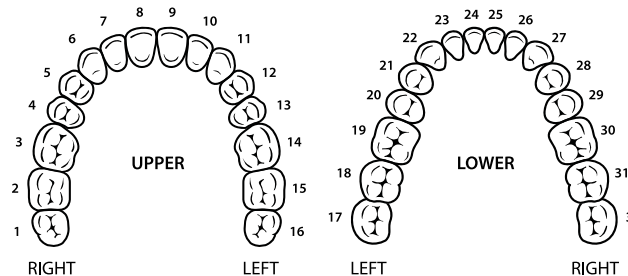
- ☐ e.max® monolithic      ☐ Porcelain Fused to Zirconia  
☐ e.max® layered      ☐ Lava™  
☐ Full Contour Zirconia  
☐ BruxZir®

**PFM:**

- ☐ Non-Precious  
☐ Noble  
☐ High Noble  
☐ Captek™

**Full Cast:**

- ☐ Non-Precious  
☐ Noble  
☐ High Noble

**PORCELAIN BUTT MARGIN**
☐ Yes, on tooth #'s: \_\_\_\_\_
**SHADE**DR. TO TRIM DIE: ☐ Yes ☐ No

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to finance charge of 1.5%. I agree to pay reasonable attorneys fees and collection costs if this account is referred to collection.

**DENTURES**
☐ Upper: ☐ Immediate  
☐ Lower: ☐ Immediate
**Teeth:**

- ☐ Premium  
☐ Standard

- ☐ Custom Tray  
☐ Occlusal Rim  
☐ Try-In  
☐ Finish  
☐ Reset

**Acrylic Shade:**

- ☐ Original  
☐ Light Pink  
☐ Ethnic Blend

**PARTIALS**☐ Upper ☐ Lower**Framework:** ☐ Frame only

- ☐ ClearFrame      ☐ Flipper (4 teeth or less)  
☐ Flexible      ☐ Acrylic (5 teeth or more)  
☐ Metal

**Frame:**
☐ Try-in   ☐ w/ Set-up   ☐ w/ Bite Block   ☐ w/ Finish
**SPECIALTY**

- ☐ Thermo-Guard™      ☐ NTI-tss Plus™  
☐ Hard Nightguard      ☐ TAP®  
☐ Comfort hard/soft      ☐ EMA® Snoreguard  
☐ Sports guard or soft mouth guard      ☐ Bleaching trays or Essex

**SEND MORE**☐ RXs ☐ Labels ☐ Boxes