NDX® Scrimpshire

YOUR DENTAL LAB PARTNER

1200 Winner Avenue S.W. Suite C • Huntsville, AL 35805 • 800.633.2912
Orthodontic Department • Kevin Hall

DOCTOR_____

ADDRESS_____

CITY & STATE_____

PATIENT'S NAME_____

DATE REC:_____DATE DUE:_____LAB USE:_____

INSTRUCTIONS (Please print)

_____

_____

_____

_____

POUR UPPER ☐& LOWER ☐MODELS_____

SIGNATURE_____DOS/LISCENSE NO:_____

Please sketch below the type and position of:
Wires • Clasp • Springs • Hooks • Expanders