

SPECIALTY APPLIANCE PRESCRIPTION

Dr. _____ Date Sent: _____

Patient: _____ **Return Date:** _____

Clear Advantage[®] Occlusal Splint

Choose Appliance:

- | | |
|---|---|
| <input type="checkbox"/> Clear Advantage – Soft | <input type="checkbox"/> Clear Advantage Colored – |
| <input type="checkbox"/> Clear Advantage – Hard | Dual Laminate (Pink, Blue, Green) |
| <input type="checkbox"/> Clear Advantage – Dual Laminate
(Hard Outer Shell / Soft Inner Shell) | <input type="checkbox"/> Thermo-Guard [™] – Temperature-Sensitive,
Pliable Material |

- Choose Design:**
- Flat Plane with Anterior Guidance
 - Flat Plane – Group Function
 - Day Time – No Anterior Coverage

- Choose Fit:**
- Tight
 - Snug
 - Loose

SafeSportSM Mouthguard

Choose Appliance:

- SafeSport Light – 2 Layers of Laminated SS Material (3mm)
- SafeSport Medium – 2 Layers of Laminated SS Material (5mm)
- SafeSport Heavy – 3 Layers of Laminated SS Material (5mm)

- Choose Color:**
- | | | | |
|--|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Bright Red | <input type="checkbox"/> Dark Red | <input type="checkbox"/> Hot Pink | <input type="checkbox"/> White |
| <input type="checkbox"/> Light Blue | <input type="checkbox"/> Dark Blue | <input type="checkbox"/> Purple | <input type="checkbox"/> Black |
| <input type="checkbox"/> Bright Yellow | <input type="checkbox"/> Dark Yellow | <input type="checkbox"/> Ivory | <input type="checkbox"/> Transparent |
| <input type="checkbox"/> Green | <input type="checkbox"/> Orange | <input type="checkbox"/> Lava | <input type="checkbox"/> Rainbow |
| <input type="checkbox"/> Camouflage | <input type="checkbox"/> Confetti | <input type="checkbox"/> Zebra | <input type="checkbox"/> Tie-Dye |

- Choose the Arch:** Upper (Default) Lower

INSTRUCTIONS: *Please have a technician call me:* **Yes** (will delay case) **No**

Signature: _____ License: _____

Address: _____

City: _____ State: _____ Zip: _____

- We Need:**
- | | | |
|---|---|--|
| Boxes <input type="checkbox"/> | Crown & Bridge Rx Pads <input type="checkbox"/> | Implant Rx Pads <input type="checkbox"/> |
| FedEx Airbills <input type="checkbox"/> | Denture Rx Pads <input type="checkbox"/> | Specialty Appliance Rx Pads <input type="checkbox"/> |

TERMS AND CONDITIONS

This signature evidences a contract for the sales and delivery of the specially-manufactured goods mentioned herein, and subject to the following terms and conditions:

1. The dentist agrees to pay in-full the stated price of the goods, plus any late payment penalties, plus all costs of collection including attorney's fees, if any.
2. An invoice is sent with each case. A monthly statement lists all invoices by date and number; indicates charges and credits; and the balance due for each month. All statement balances are due and payable within 30 days of receipt of such statements. Statements paid on or before the 10th of the month will receive a discount in accordance with NDX Thayer's volume discount policy. Statements paid after the due date will carry a monthly finance charge of 1½% (18% per annum).

By using a check for payment, you agree that if your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check plus any applicable fees as permitted by state law.

3. Each order i.e., prescription/work authorization filled or appliance fabricated, constitutes a complete and separate transaction to be invoiced and collected as such. Acceptance of new orders by NDX Thayer shall not represent any accord and/or satisfaction and shall not relieve the dentist of any indebtedness to NDX Thayer.
4. NDX Thayer may from time-to-time require a deposit from a dentist and/or ship goods on a C.O.D. basis.
5. NDX Thayer reserves the right to void the terms and conditions of its warranty and put a credit hold on accounts, which are in arrears and to hold all cases for such account until the account is paid in-full.
6. Any use, sale, transfer, modification of the appliance or failure to reasonably notify and return the appliance within 15 days to NDX Thayer shall constitute acceptance by the dentist.
7. Any defects in returned goods will be settled in accordance with the terms and conditions of NDX Thayer's warranty.
8. The dentist must examine all appliances and determine their fitness for any intended usage. THERE ARE NO EXPRESS WARRANTIES AND NO IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE GIVEN BY NDX THAYER.
9. This transaction shall be governed by the laws of the Commonwealth of Pennsylvania. Acceptance of the goods constitutes acceptance of all terms and conditions herein. This writing evidences the complete and final expression of the agreement.
10. Terms and conditions are subject to change without prior notice.