Doctor:_____

Practice:_____

Address:_____

Phone #:_____ Fax #:_____

E-mail:_____

Patient First Name:_____

Last Name:_____

DOB:____/____/____ ☐ Female ☐ Male

Today's Date:____/____/____ **Return Date:**____/____/____

Please provide appointment time or the default time is 3 pm **Appointment Time:**_____

SHADE

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

Notes:

- ☐ Please call about this case
- ☐ Dr. Die Trim
- ☐ Porcelain Butt Margin
- ☐ Photos sent - ndxtwincitiesphotos@nationaldentex.com

(A) ☐ (B) ☐ (C) ☐ (D) ☐ (E) ☐ (F) ☐ (G) ☐ (H) ☐ (J) ☐ (K) ☐ (L) ☐ (M) ☐ (N) ☐

Dr.'s Signature:_____

License #: _____

SEND MORE

☐ **RXs** ☐ **Labels** ☐ **Boxes**

NDX® Twin Cities

1740 Prior Avenue • Falcon Heights, MN 55113
P: 763.786.9121 • NDXTwinCities.com

FIXED RX

CROWN & BRIDGE

Ceramics:

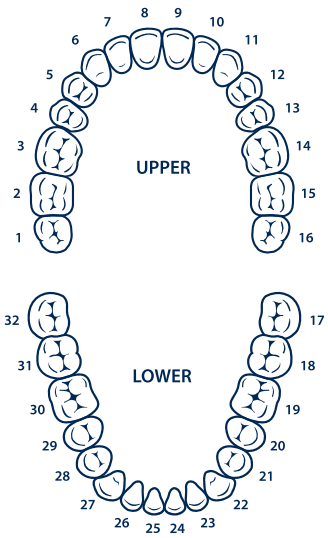
- ☐ **Verotek™ FCZ**
- ☐ **Verotek Aesthetic**
- ☐ **LuxxZr**
- ☐ **Verotek Layered**
- ☐ **Lithium Disilicate**

PFM:

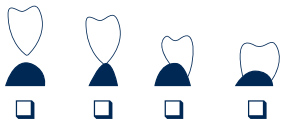
- ☐ **Non-precious**
- ☐ **Noble White**
- ☐ **High Noble White**
- ☐ **High Noble Yellow**

Full Cast: ☐ Yellow ☐ White

☐ **High Noble** ☐ **Noble** ☐ **Non-precious**



PONTICS



❑ ❑ ❑ ❑

PONTIC RELIEF

- ☐ **Slight** ☐ **Medium**
- ☐ **Heavy**
- ☐ **Other** _____

Shading Instructions

FOR LAB USE ONLY

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to a finance charge of 1.5%.