

LAB NAME	
DR. NAME	
FULL ADDRESS	
GROUP / PRACTICE NAME	
EMAIL	PHONE
PATIENT INFO	FIRST NAME <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST NAME AGE _____
DUE DATE <small>Standard working time if no date is provided.</small>	TODAY'S DATE

TOOTH NUMBER

Crown # _____ Bridge # _____ Inlay / Onlay _____

CROWN & BRIDGE






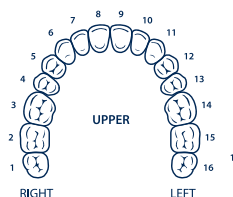
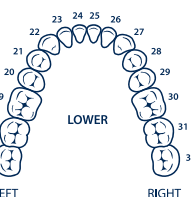
ALL CERAMICS	PORCELAIN TO METAL	FULL CAST
<input type="checkbox"/> Full Contour Zirconia*	<input type="checkbox"/> High Noble / Precious	<input type="checkbox"/> High Noble / Precious
<input type="checkbox"/> Aesthetic Zirconia	<input type="checkbox"/> Noble / Semi-precious*	<input type="checkbox"/> Noble / Semi-precious*
<input type="checkbox"/> Layered Zirconia	<input type="checkbox"/> Base / Non-precious	<input type="checkbox"/> Base / Non-precious
<input type="checkbox"/> Lithium Disilicate	<input type="checkbox"/> WHITE*	<input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW*
<input type="checkbox"/> Layered Lithium Disilicate		

OTHER / SPECIFY BRAND

DENTURE	<input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
TYPE OF TEETH	DIGITAL DENTURE	<input type="checkbox"/> Custom Tray
<input type="checkbox"/> Economy	<input type="checkbox"/> Printed	<input type="checkbox"/> Baseplate / Bite Rim
<input type="checkbox"/> Standard*	RELINE	<input type="checkbox"/> Emergency / Spare
<input type="checkbox"/> Premium	<input type="checkbox"/> Hard <input type="checkbox"/> Soft	<input type="checkbox"/> Name on Prosthesis

PARTIAL	<input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
TYPE OF TEETH	TYPE OF PARTIAL	CHECK ALL THAT APPLY
<input type="checkbox"/> Economy	<input type="checkbox"/> Cast Metal Framework	<input type="checkbox"/> Design
<input type="checkbox"/> Standard*	<input type="checkbox"/> Flexible	<input type="checkbox"/> Set Teeth
<input type="checkbox"/> Premium	<input type="checkbox"/> Acrylic	<input type="checkbox"/> Bite Block
OTHER / SPECIFY BRAND	TYPE OF CLASP FOR ACRYLIC	<input type="checkbox"/> Frame
		<input type="checkbox"/> Other

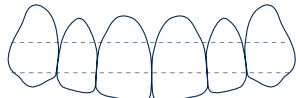
OCCLUSAL THERAPY	<input type="checkbox"/> Hard Splint	<input type="checkbox"/> Hard / Soft Splint	<input type="checkbox"/> Thermo-acrylic Splint
OTHER / SPECIFY BRAND			

PONTIC DESIGN	DENTURE/PARTIAL DESIGN & SHADE
 <input type="checkbox"/> SANITARY  <input type="checkbox"/> HALF RIDGE LAP  <input type="checkbox"/> FULL RIDGE LAP  <input type="checkbox"/> BULLET  <input type="checkbox"/> OVATE	<p>ACRYLIC SHADE</p>  <p>MOULD</p> 

SHADE

DESIRED _____


STUMPF _____



IF INSUFFICIENT ROOM

TRIM OPPOSING* METAL OCCLUSAL REDUCTION COPING METAL ISLAND TRIM PREP/NO COPING

SPECIAL INSTRUCTIONS DIGITAL SCAN SENT

DR. SIGNATURE	REQUEST SUPPLIES
DR. LICENSE #	<input type="checkbox"/> RXS <input type="checkbox"/> BOXES <input type="checkbox"/> LABELS <input type="checkbox"/> OTHER
EXPIRES	
 FOR LAB CONTACT INFO nationaldentex.com/labs	NDX WARRANTY nationaldentex.com/warranty

ENCLOSED WITH CASE

MODEL BITE PHOTOS TEETH OTHER _____

SHADE TAB IMPRESSIONS METAL TRAYS ARTICULATOR _____

FOR LAB USE ONLY

*Default option if no option is selected.