



NDX<sup>®</sup>  NATIONAL  
DENTEX LABS



# TABLE OF CONTENTS

---

INTRODUCTION LETTER.....	3
CORPORATE BROCHURE .....	4-11
LAB LIST.....	12-13
CLIENT PREFERENCE GUIDE.....	14-15
CROWN & BRIDGE RESTORATION GUIDE .....	16
OCCLUSAL THERAPY RESTORATION GUIDE .....	17-18
REMOVABLE RESTORATION GUIDE.....	19
FIXED & REMOVABLE RX FORM.....	20
IMPLANT RX FORM.....	21
SPECIALTY RX FORM .....	22
SLEEP THERAPY RX FORM .....	23

Dear Doctor,

National Dentex is the market leader in dental lab services and as your preferred lab partner, offers the most competitive combination of dental solutions. As the largest network of dental laboratories in the nation, we offer a full spectrum of specialized products, services and technologies to address any dental restoration for you and your patients.

Our professionals have the unique ability to provide consultative services for all of the products produced by our network of laboratories. Our dental experts provide personalized support, including chairside expertise, technical guidance and shade-taking services.

Enclosed is our welcome package that includes Rx forms, Chairside Guides and more. We look forward to working with you on your cases.

Thank you for the opportunity to serve your dental lab needs.

Sincerely,



Sharon Bournes  
Vice President of Customer Marketing & Engagement  
National Dentex, LLC

# Expect More.

Innovative technology | Trusted solutions | Exceptional results





## Your patients expect more. Your practice should, too.

As dentistry evolves and practices grow, one thing remains the same: giving your patients the best possible care — at every visit. That means finding a partner to help you enhance your capabilities, optimize your digital workflows, help your team learn new skills and help you create the most realistic and comfortable restorations to keep your patients smiling.

**You can rely on National Dentex Labs, the nation's largest, leading dental lab network, to meet all those needs — and more.**





## **One partner. More opportunities.**

Offering the most advanced expertise with personalized, local service, state-of-the-art products and premier dental education, we're committed to exceeding your expectations for how a lab partner can help your practice grow and succeed.





## State-of-the-Art Restorations

Whether your patients need basic, cost-effective restorations or specialty aesthetics, NDX is here to help you with every case. You can even find the latest custom appliances and exclusive offerings to treat conditions like sleep apnea and migraines. With many of our industry-leading solutions backed by a lifetime guarantee, you can rest assured that we'll help you achieve the right fit for your patients.

### Our products include:

#### Implants

Address even the most complex cases with our original-on-original or compatible prosthetics, available for single- and multi-unit restorations.

- Bar and Attachment Overdentures
- Screw-retained Fixed Implant Prostheses

#### Surgical and Guided Prosthetics®

Save substantial chair time with NDX nSequence® Guided Prosthetics – our comprehensive, guided workflow for implant-supported full arch restorations.

#### Crowns and Bridge

- Zirconia
- Lithium Disilicate
- Full-Cast
- Porcelain Fused-to-Metal





### **Dentures and Partials**

- Flexible Partials
- Cast Partials
- Acrylic Partials
- Full Dentures

### **Abutments**

- Stock
- Custom

### **Specialty Appliances**

- Bite Guards
- Retainers
- Bleaching Trays
- Dental Sleep Appliances
- NTI-TSS™ Plus Migraine Therapy Device







# Comprehensive Lab Services

Meet your patients' changing needs.

## **Dedicated Customer Service and Account Support**

Gain access to extraordinary customer care representatives and account support experts. We're committed to promptly following up on all of your case needs while helping you find new opportunities to optimize your business.

## **Technical Support and Chairside Expertise**

Receive support throughout every step of the restoration process. Our on-site certified technicians and technical support managers are here to help you minimize adjustments, eliminate additional chair time and improve your patients' overall dental experience.

## **Custom Shade Taking**

Satisfy your patients' expectations with shades that match existing dentition customized by our shade-taking experts.

## **Pick-Up and Delivery Services**

Quality restorations delivered anywhere in the United States — no matter where you practice.

## **State-of-the-Art Milling Centers**

The most accurate restorations, fitted for your patients' needs and budgets.



# Premier Dental Education Opportunities

Expand your knowledge and your capabilities.

## **Live Seminars & Hands-On Courses**

Get hands-on experience with the latest technology at the NDX Education Center and learn about best practices directly from the experts, with courses held at the NDX Education Center and at other locations across the United States.

## **On-Demand Continuing Education Courses**

Keep your team up to date and your practice growing with convenient webinars and local seminars.

## **Lunch and Learns**

Earn continuing education credits with sessions held in the comfort of your office.

## **Live Webinars**

Tune in to sessions — no matter where you are — and stay up to date on a variety of topics.

## **Video Library**

Learn more about new procedures, products, business practices and more through our continually updated video library.

## **Document Library**

Conveniently access reference guides, articles, and more resources to help support you and your team.







**One partner.**  
**More opportunities.**

To learn more and request your  
free welcome kit, please visit us  
at [NationalDentex.com](https://NationalDentex.com)

**NationalDentex.com**  
800.333.3284

# NDX LAB LOCATIONS



For more information about National Dentex Labs, please visit [nationaldentex.com/labs](https://nationaldentex.com/labs)

<b>ARIZONA</b>	<b>NDX Continental</b>	960 West Behrend Dr., Suite 4, Phoenix, AZ 85027 • 623.580.7711 • <a href="https://NDXContinental.com">NDXContinental.com</a>
<b>ARKANSAS</b>	<b>NDX Green</b>	1099 Wilburn Rd., Heber Springs, AR 72543 • 501.362.3132 • <a href="https://NDXGreen.com">NDXGreen.com</a>
<b>CALIFORNIA</b>	<b>NDX LK Dental Studio</b>	3420 Fostoria Way, Suite G202, Danville, CA 94526 • 925.901.0262 • <a href="https://NDXLKDentalStudio.com">NDXLKDentalStudio.com</a>
	<b>NDX Pacific</b>	1601 N. Sepulveda Blvd., Suite 628, Manhattan Beach, CA 90266 • 866.469.0305 • <a href="https://NDXPacific.com">NDXPacific.com</a>
	<b>NDX Paramount</b>	1851 Heritage Ln., Suite 148, Sacramento, CA 95815 • 916.483.6716 • <a href="https://NDXParamount.com">NDXParamount.com</a>
<b>COLORADO</b>	<b>NDX Perry &amp; Young</b>	14100 East Evans Ave., Aurora, CO 80014 • 303.671.0903 • <a href="https://NDXPerryYoung.com">NDXPerryYoung.com</a>
<b>CONNECTICUT</b>	<b>NDX Connecticut</b>	825 Brook Street, Rocky Hill, CT 06067 • 860.258.3626 • <a href="https://NDXConnecticut.com">NDXConnecticut.com</a>
<b>DELAWARE</b>	<b>NDX Dodd</b>	24 Lukens Dr., New Castle, DE 19720 • 302.661.6000 • <a href="https://NDXDodd.com">NDXDodd.com</a>
<b>FLORIDA</b>	<b>NDX Clearwater</b>	14333 58th St. N., Clearwater, FL 33760 • 727.530.9444 • <a href="https://NDXClearwater.com">NDXClearwater.com</a>
	<b>NDX Group Practice Solutions</b>	1621 West University Pkwy., Sarasota, FL 34243 • 877.692.7676 • <a href="https://NDXGroupPracticeSolutions.com">NDXGroupPracticeSolutions.com</a>
	<b>NDX Harmony</b>	1621 West University Pkwy., Sarasota, FL 34243 • 904.354.4467 • <a href="https://NDXHarmony.com">NDXHarmony.com</a>
	<b>NDX Orlando</b>	4520 Parkbreeze Ct., Orlando, FL 32808 • 407.781.4725 • <a href="https://NDXOrlando.com">NDXOrlando.com</a>
<b>INDIANA</b>	<b>NDX Lumident</b>	8840 Commerce Park Place, Bldg. 4, Indianapolis, IN 46268 • 317.802.7878 • <a href="https://NDXLumident.com">NDXLumident.com</a>
<b>IOWA</b>	<b>NDX Oral Arts Iowa</b>	6701 Chavenelle Rd., Dubuque, IA 52002 • 563.556.1911 • <a href="https://NDXOralArtsIowa.com">NDXOralArtsIowa.com</a>
<b>KANSAS</b>	<b>NDX Heumann Topeka</b>	2820 SW Fairlawn Rd., Suite 200, Topeka, KS 66614 • 785.235.9293 • <a href="https://NDXHeumannTopeka.com">NDXHeumannTopeka.com</a>
	<b>NDX Pearce Turk</b>	201 North Emporia, Wichita, KS 67202 • 316.263.0284 • <a href="https://NDXPearceTurk.com">NDXPearceTurk.com</a>
<b>KENTUCKY</b>	<b>NDX Affinity</b>	2900 Blankenbaker Pkwy., Suite 110, Louisville, KY 40299 • 502.499.7400 • <a href="https://NDXAffinity.com">NDXAffinity.com</a>
<b>MICHIGAN</b>	<b>NDX Davis</b>	5830 Crossroads Commerce Pkwy., Wyoming, MI 49519 • 616.261.9191 • <a href="https://NDXDavis.com">NDXDavis.com</a>
	<b>NDX Dental Art</b>	1721 N Grand River Ave., Lansing, MI 48906 • 517.485.2200 • <a href="https://NDXDentalArt.com">NDXDentalArt.com</a>
	<b>NDX D.H. Baker</b>	2531 Aero Park Dr., Traverse City, MI 49686 • 231.946.8880 • <a href="https://NDXDHBaker.com">NDXDHBaker.com</a>
	<b>NDX Nelson</b>	1654 Star Batt Dr., Rochester Hills, MI 48309 • 248.289.1337 • <a href="https://NDXNelson.com">NDXNelson.com</a>
<b>MINNESOTA</b>	<b>NDX Thoele</b>	2801 W St. Germain St., St. Cloud, MN 56301 • 320.252.2070 • <a href="https://NDXThoele.com">NDXThoele.com</a>
	<b>NDX Twin Cities</b>	1740 Prior Ave., Falcon Heights, MN 55113 • 763.786.9121 • <a href="https://NDXTwinCities.com">NDXTwinCities.com</a>
<b>MISSOURI</b>	<b>NDX Keller</b>	160 Larkin Williams Industrial Ct., Fenton, MO 63026 • 636.600.4200 • <a href="https://NDXKeller.com">NDXKeller.com</a>
	<b>NDX Mallow-Tru</b>	2650 NE Hagan Rd., Lee's Summit, MO 64064 • 816.220.7800 • <a href="https://NDXMallowTru.com">NDXMallowTru.com</a>
<b>NEBRASKA</b>	<b>NDX Kiess Kraft</b>	6601 S 118th St., Omaha, NE 68137 • 402.391.8424 • <a href="https://NDXKiessKraft.com">NDXKiessKraft.com</a>
<b>NEVADA</b>	<b>NDX nSequence</b>	6980 Sierra Center Pkwy., Suite 100, Reno, NV 89511 • 775.827.6645 • <a href="https://nSequence.com">nSequence.com</a>





For more information about National Dentex Labs, please visit [nationaldentex.com/labs](https://nationaldentex.com/labs)



NEW HAMPSHIRE	NDX H&O	1050 North Perimeter Rd., Suite 101, Manchester, NH 03103 • 603.624.4339 • NDXH-O.com
NEW MEXICO	NDX Ideal	5501 Wilshire NE, Suite B, Albuquerque, NM 87113 • 505.265.2200 • NDXIdeal.com
NEW YORK	NDX Mt. Vernon	161 MacQuesten Pkwy. S., Mt. Vernon, NY 10550 • 914.664.2200 • NDXMtVernon.com
OHIO	NDX Cleveland	2868 Westway Dr., Suite G, Brunswick, OH 44212 • 216.671.0577 • NDXCleveland.com
	NDX Dresch	8730 Resource Park Dr., Sylvania, OH 43560 • 419.842.6730 • NDXDresch.com
PENNSYLVANIA	Innovative Dental Arts	100 Colony Dr., Irwin, PA 15642 • 866.305.5434 • idarts.net
	NDX Albensi	100 Colony Dr., Irwin, PA 15642 • 724.864.8880 • NDXAlbensi.com
	NDX Muth & Mumma	6360 Flank Dr., Suite 500, Harrisburg, PA 17112 • 717.540.5626 • NDXMuthMumma.com
	NDX Thayer	131 Old Schoolhouse Ln., Mechanicsburg, PA 17055 • 717.697.6324 • NDXThayer.com
TENNESSEE	NDX Peterman	8020 Safari Dr., Smyrna, TN 37167 • 615.331.1670 • NDXPeterman.com
	NDX Rogers	2407 Denso Dr., Athens, TN 37303 • 423.745.7115 • NDXRogers.com
TEXAS	NDX Stern Empire	1805 W. 34th St., Houston, TX 77018 • 713.688.1301 • NDXSternEmpire.com
UTAH	NDX Fine Arts	1355 N University Ave., Suite 340, Provo, UT 84604 • 801.377.5229 • NDXFineArts.com
WASHINGTON	NDX Advanced Dental Technologies	11820 NE Crestwood Dr., Suite 101, Vancouver, WA 98684 • 503.240.1910 NDXAdvancedDentalTechnologies.com
	NDX Issaquah	640 NW Gilman Blvd., Issaquah, WA 98027 • 425.392.5125 • NDXIssaquah.com
WEST VIRGINIA	NDX Standard	1721 Shinnston Pike, Clarksburg, WV 26301 • 304.624.7649 • NDXStandard.com
	NDX Tincher	525 First Ave., South Charleston, WV 25303 • 304.744.4671 • NDXTincher.com
WISCONSIN	NDX Lords	1500 West Main Ave., De Pere, WI 54115 • 920.347.2929 • NDXLords.com
	NDX Williams	1500 West Main Ave., De Pere, WI 54115 • 608.256.5477 • NDXWilliams.com
CANADA	NDX Novo	2300 Yonge St., Suite 712, Toronto, ON M4P 1E4 • 647.352.6866 • NDXNovo.com
	NDX Ottawa	2301 St. Laurent Blvd., Unit 800, Ottawa, ON K1G 4J7 • 613.746.0602 • NDXOttawa.com
	NDX Toronto	572 Champagne Dr., Toronto, ON M3J 2T9 • 416.654.6365 • NDXToronto.com

# Client Preference Guide

Please document your preferences on the items below. We will use this form to record your preferences into our quality control system. By doing so, this should result in minimal chair time, satisfied patients and “no surprises.”

**NOTE: RX-specific instructions will take precedence over this Preference Guide.**

Dentist Name	Practice Name/Group Name
License Number	Office Phone
Street Address	City, State, Zip
Office Contact (Name + Title)	Email Address
Dr.'s Email	Dr.'s Phone Number

## OFFICE DELIVERY HOURS

MON	_____	—	_____
TUES	_____	—	_____
WED	_____	—	_____
THURS	_____	—	_____
FRI	_____	—	_____

**How do you prefer we reach you for technical questions & follow up?**

<input type="checkbox"/> Office Phone	<input type="checkbox"/> Office Email
<input type="checkbox"/> Dr.'s Phone	<input type="checkbox"/> Dr.'s Email

## FIXED PROSTHESES

### OCCLUSAL CONTACT W/ OPPOSING TEETH

☐ Positive Contact   ☐ Light Contact  
☐ No Contact

### DIE SPACER

☐ Light - One Coat  
☐ Medium - Two Coats  
☐ Heavy - Three Coats

### PONTIC SIZE BUCCAL/LINGUAL WIDTH

☐ Same As Natural Teeth  
☐ 2/3 Natural Teeth

### PONTIC TO TISSUE CONTACT (TYPE OF MATERIAL)

☐ Porcelain   ☐ Metal

### ANATOMY

☐ Primary Only   ☐ Primary & Secondary  
☐ Follow Natural Anatomy

### FINISH OF METAL CROWNS

☐ Highly Polished  
☐ Highly Polished with Satin-blasted Occlusal

### RIDGE RELIEF HEALED AREA

☐ Slight Relief   ☐ Heavy Relief  
☐ Medium Relief   ☐ No Relief



### OCCLUSAL ADJUSTMENT (IF NEEDED)

☐ Metal Occlusal  
☐ Metal Island  
☐ Adjust Opposing Occlusion  
☐ Wants To Be Called  
☐ Transfer Relief Coping

### OCCLUSAL STAINING

☐ None   ☐ Light (Orange)  
☐ Heavy (Brown)

### INTERPROXIMAL CONTACTS TO BE

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Normal		Heavy & Broad		Point	

### INTERPROXIMAL SPACING

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Normal Opening		Very Wide Opening		Closed	

### TISSUE CONTACT DESIGN (POSTERIOR)


	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No Contact		Sanitary Pontic		Moderate Ridge		Ridge Lap	

### DESIGN PREFERENCE

#### FOR ANTERIOR

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Full Porcelain No Metal Showing		Lingual Shoulder		Lingual Shoulder w/ Small Labial Shoulder	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Narrow Shoulder All Around		Full Metal Lingual		Full Metal Lingual w/ Narrow Labial Shoulder	

#### FOR POSTERIOR

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Full Porcelain No Metal Showing		Lingual Shoulder		Lingual Shoulder w/ Small Labial Shoulder	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Lingual Cusps Metal		Lingual Cusps Metal		Buccal Porcelain Veneer	
	<input type="checkbox"/>		<input type="checkbox"/>		
Buccal Porcelain Veneer w/ Narrow Buccal Shoulder		Buccal Porcelain Veneer w/ Narrow Buccal Shoulder & Full Metal Occlusal			

### RIDGE RELIEF RECENT EXTRACTION

	<input type="checkbox"/>		<input type="checkbox"/>
Heavy Relief		Socket Relief	

# Client Preference Guide

Please document your preferences on the items below. We will use this form to record your preferences into our quality control system. By doing so, this should result in minimal chair time, satisfied patients and “no surprises.”

**NOTE: RX-specific instructions will take precedence over this Preference Guide.**

## IMPLANTS

**ABUTMENT SELECTION** ☐ OEM ☐ Universal

## DENTURES

<p><b>TYPE OF CUSTOM TRAY</b></p> <p><input type="checkbox"/> Acrylic</p> <p><input type="checkbox"/> With Holes <input type="checkbox"/> Without Holes</p> <p><b>TYPE OF BASEPLATE</b></p> <p><input type="checkbox"/> Acrylic Light Cured</p> <p>Post Dam Requested at this Stage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>SET UP PROCEDURE</b></p> <p><input type="checkbox"/> Midline As Marked</p> <p><input type="checkbox"/> Follow Papilla</p> <p><input type="checkbox"/> Follow Opposing Midline</p> <p><input type="checkbox"/> Special Instructions</p>	<p><b>PROCEDURE FOR IMMEDIATE</b></p> <p><input type="checkbox"/> Normal Trim <input type="checkbox"/> Socket</p> <p><input type="checkbox"/> No Trim Of Cast <input type="checkbox"/> Surgical Tray</p> <p><b>TYPE OF TEETH</b></p> <p><input type="checkbox"/> Premium <input type="checkbox"/> Cusp Degree: 0°</p> <p><input type="checkbox"/> Economy <input type="checkbox"/> 20°</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Functional</p> <p><b>POST DAM STYLE DESIRED</b></p> <p><input type="checkbox"/> Butterfly <input type="checkbox"/> As Outlined</p> <p><b>PALATAL RELIEF DESIRED</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Outlined</p>	<p><b>TYPE OF FINISH</b></p> <p><input type="checkbox"/> Festooned <input type="checkbox"/> Rugae</p> <p><input type="checkbox"/> Stippled <input type="checkbox"/> Smooth</p> <p><b>TYPE OF PERIPHERAL ROLL</b></p> <p><input type="checkbox"/> Thin <input type="checkbox"/> Full</p> <p><input type="checkbox"/> Medium <input type="checkbox"/> As Instructed</p> <p><b>TYPE OF BLEACHING TRAYS</b></p> <p><input type="checkbox"/> Reservoir <input type="checkbox"/> Foam Lined</p> <p><b>ID REQUEST</b></p> <p><input type="checkbox"/> Upon Request</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Never</p>
---	--	--

## PARTIALS

<p><b>PROCEDURE FOR DESIGNING PARTIALS</b></p> <p><input type="checkbox"/> Dr. Designs <input type="checkbox"/> Lab Designs</p> <p><b>THICKNESS OF CLASPS DESIRED</b></p> <p><input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy</p> <p><b>CLASP PREFERENCE</b></p> <p><input type="checkbox"/> “I” Bar <input type="checkbox"/> Ackers <input type="checkbox"/> “C” Clasp</p> <p><b>TISSUE RELIEF REQUESTED</b></p> <p><input type="checkbox"/> Slight <input type="checkbox"/> Medium <input type="checkbox"/> Heavy</p> <p><b>ADJUSTMENT OF OPPOSING</b></p> <p><input type="checkbox"/> Call Dr <input type="checkbox"/> Adjust Opposing</p>	<p><b>MAJOR CONNECTOR UPPER</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/>                Palatal Strap         </div> <div style="text-align: center;"> <input type="checkbox"/>                Horseshoe         </div> <div style="text-align: center;"> <input type="checkbox"/>                Closed Horseshoe, Open Palate, Anterior-Posterior Strap or Circular Bar         </div> </div> <p><b>MAJOR CONNECTOR LOWER</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/>                Lingual Bar         </div> <div style="text-align: center;"> <input type="checkbox"/>                Kennedy Bar         </div> <div style="text-align: center;"> <input type="checkbox"/>                Lingual Plate         </div> </div>		
---	---	--	--

## NOTES

---



---

**Please enclose this preference sheet with your next case.**  
**We thank you for the opportunity to work with your practice.**



	Product	Indications	Characteristics	Contraindications	Preparation Requirements	Cementation
ZIRCONIA	<b>Full Contour Zirconia</b>	<ul style="list-style-type: none"> <li>Posterior crown</li> <li>Bridge (any span)</li> <li>Implant</li> </ul>	<ul style="list-style-type: none"> <li>Superior strength</li> <li>Good aesthetics</li> <li>Monolithic medical-grade</li> <li>Biocompatible</li> </ul>	Situations where there is less than 1.0mm of interocclusal space	<ul style="list-style-type: none"> <li>Any margin preparation acceptable; slight chamfer preferred (rounded edges)</li> <li>0.8mm axial wall reduction</li> <li>1.0mm minimum of occlusal reduction required</li> </ul>	
	<b>Aesthetic Zirconia</b>	<ul style="list-style-type: none"> <li>Posterior crown</li> <li>Anterior crown</li> <li>Anterior 3-unit bridge</li> </ul>	<ul style="list-style-type: none"> <li>High strength</li> <li>High aesthetics</li> <li>Monolithic medical-grade</li> <li>Biocompatible</li> <li>Generation II translucency</li> </ul>	<ul style="list-style-type: none"> <li>Situations where there is less than 1.0mm of interocclusal space</li> <li>Bridges or splinted units over 3 units</li> </ul>	<ul style="list-style-type: none"> <li>Slight chamfer margin preferred (rounded edges)</li> <li>1.2mm axial wall reduction</li> <li>1.25mm occlusal reduction preferred</li> <li>Stumpf/post prep shade required</li> </ul>	<ul style="list-style-type: none"> <li>Remove saliva contamination thoroughly</li> <li>Use Resin-Reinforced Glass Ionomer (RRGI) or self-adhesive resin cement for maximum retention</li> </ul>
	<b>Layered Zirconia</b>	<ul style="list-style-type: none"> <li>Posterior crown</li> <li>Anterior crown</li> <li>Anterior (any span)</li> <li>Implant</li> </ul>	<ul style="list-style-type: none"> <li>High strength substructure</li> <li>Premium porcelain overlay</li> <li>Monolithic medical-grade</li> <li>Biocompatible</li> </ul>	<ul style="list-style-type: none"> <li>Situations where there is less than 1.5mm of interocclusal space</li> <li>For pressed crowns, bridges or splinted units with linear spans &gt; 40mm</li> </ul>	<ul style="list-style-type: none"> <li>Slight chamfer margin preferred (rounded edges)</li> <li>1.5mm axial wall reduction</li> <li>1.5mm occlusal reduction</li> </ul>	
LITHIUM DISILICATE	<b>Lithium Disilicate</b>	<ul style="list-style-type: none"> <li>Posterior crown</li> <li>Anterior crown</li> <li>Veneers</li> <li>Inlays and onlays</li> </ul>	<ul style="list-style-type: none"> <li>High strength</li> <li>Superior aesthetics</li> <li>Kind to opposing dentition</li> </ul>	<ul style="list-style-type: none"> <li>Posterior, 4+ unit bridges or inlay-retained bridges</li> <li>Very deep subgingival preparations</li> <li>Patients with substantially reduced residual dentition</li> <li>Bruxism</li> </ul>	<ul style="list-style-type: none"> <li>1.5mm occlusal and axial wall reduction</li> <li>1.0mm chamfer margin required (rounded edges)</li> <li>Stumpf/post prep shade required</li> </ul>	<ul style="list-style-type: none"> <li><b>Bonding:</b> Crowns, veneers, inlays and onlays when tooth preps are primarily supragingival and isolation is possible</li> <li><b>Cementation:</b> Indicated for full coverage crowns only</li> </ul>
METAL	<b>PFM</b> Porcelain Fused-to-Metal	<ul style="list-style-type: none"> <li>Posterior crown</li> <li>Posterior bridge</li> </ul>	<ul style="list-style-type: none"> <li>Moderate strength</li> <li>Moderate aesthetics</li> <li>Au, Pd or Ni/Cr alloy substructure with feldspathic porcelain</li> </ul>	Highly aesthetic cases with minimal prep reduction		Conventional cementation of your choice
	<b>Full-Cast</b>	<ul style="list-style-type: none"> <li>Posterior crown</li> <li>Posterior bridge</li> <li>Inlays and onlays</li> </ul>	<ul style="list-style-type: none"> <li>High strength</li> <li>Low aesthetics</li> <li>Kind to opposing dentition</li> <li>Au, Pd or Ni/C</li> </ul>	Highly aesthetic cases	Feather-edge margin preparations; however, any margin preparation may be used	





	Product	Indications	Contraindications	What to Send	Overview
HARD / SOFT SPLINT	<b>Comfort H/S™</b>	<ul style="list-style-type: none"> <li>Prevent damage from parafunction</li> <li>Protect teeth and restorations</li> <li>Diagnose occlusal concerns</li> </ul>	<ul style="list-style-type: none"> <li>Short clinical crown</li> <li>Lack of undercut for retention</li> <li>Advanced periodontal disease</li> <li>Multiple edentulous areas</li> </ul>	<ul style="list-style-type: none"> <li>Full arch VPS impressions, models or digital files</li> <li>Open bite with 2mm clearance in posterior</li> </ul>	Protect your dentistry and increase patient compliance with the comfort and durability of Comfort H/S. Its hard exterior will withstand your patients' parafunction while the soft liner and economical price make it a prime option.
HARD SPLINT	<b>Crystal Clear®</b>	<ul style="list-style-type: none"> <li>Prevent damage from parafunction</li> <li>Protect teeth and restorations</li> <li>Diagnose occlusal concerns</li> </ul>	Advanced periodontal disease	<ul style="list-style-type: none"> <li>Full arch VPS impressions, models or digital files</li> <li>Open bite with 2mm clearance in posterior</li> </ul>	This extremely strong bite guard is available in multiple designs and will not absorb stains and odors.
	<b>Hard Splint</b>	Use when maximum rigidity and strength are a priority	Not recommended for patients with cosmetic restorations	<ul style="list-style-type: none"> <li>U/L accurate models</li> <li>Centric bite registration</li> <li>Recommended: Bite registration that indicates the desired mandibular position and the amount of vertical bite opening</li> </ul>	Heat-processed acrylic with excellent occlusal durability. Customized fit, yet rigid and unforgiving. Inflexible to dental changes. Associated with increased tooth sensitivity. Bondable and repairable.
THERMO-ACRYLIC SPLINT	<b>ThermoFit®</b>	<ul style="list-style-type: none"> <li>Prevent damage from parafunction</li> <li>Protect teeth and restorations</li> <li>Diagnose occlusal concerns</li> </ul>	<ul style="list-style-type: none"> <li>Advanced periodontal disease</li> <li>Mobile teeth</li> </ul>	<ul style="list-style-type: none"> <li>Full arch VPS impressions, models or digital files</li> <li>Open bite with 2mm clearance in posterior</li> </ul>	Protect your dentistry and minimize chairtime with this rigid, yet flexible splint. Immerse in hot water for 10 seconds and it drops right in. No internal adjustments needed. When it's in the mouth, it quickly returns to a rigid state.
	<b>Brux-eze® and Brux-eze 3D</b>	<ul style="list-style-type: none"> <li>Highly recommended for protecting cosmetic restorations</li> <li>Use when maximum retention, stability and comfort are important</li> <li>Recommended for patients with missing teeth, long crowns or unusual draw</li> </ul>	<ul style="list-style-type: none"> <li>Advanced periodontal disease</li> <li>Mobile teeth</li> </ul>	<ul style="list-style-type: none"> <li>U/L accurate models</li> <li>Centric bite registration</li> <li>Recommended: Bite registration that indicates the desired mandibular position and the amount of vertical bite opening</li> </ul>	<p>Heat-processed acrylic with on-call flexibility in warm water. Remains hard in the mouth. Dramatically reduced chairtime. Comfortable, customized fit increases retention and reduces tooth sensitivity. Material memory maintains fit, even if not worn for long periods of time. Standard occlusal durability. Bondable and repairable.</p> <p><b>FOR BRUX-EZE 3D:</b> Digital file allows for easy duplication</p>
	<b>Rem-e-deze</b>	<ul style="list-style-type: none"> <li>Durable and comfortable splint for heavy bruxers, grinders and strong-muscled clencher</li> <li>Excellent protection for cosmetic restorations</li> </ul>	<ul style="list-style-type: none"> <li>Advanced periodontal disease</li> <li>Mobile teeth</li> </ul>		Hard occlusal acrylic with Brux-eze acrylic on facial and lingual flanges provide maximum occlusal durability with maximum comfort and retention. Bondable and repairable.



	Product	Indications	Contraindications	What to Send	Materials	Overview
MIGRAINE RELIEF	<b>NTI-tss Plus<sup>®</sup></b>	<ul style="list-style-type: none"> <li>• Migraine/tension headaches</li> <li>• Tooth wear from bruxing and clenching</li> <li>• Muscle pain associated with parafunction</li> <li>• Diagnostic treatment planning</li> <li>• TMD</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced periodontal disease</li> <li>• Edge-to-edge bite</li> </ul>	<ul style="list-style-type: none"> <li>• Full arch VPS impressions, models or digital files</li> </ul>	Clear 450 <sup>®</sup> thermoplastic material, providing a perfect fit with no shrinkage and won't absorb stains or odors	Provides instant and continual incisal guidance in centric clench and any excursions. The standard design covers the centrals and laterals, but can be extended to cover any number of teeth.
	<b>NTI-tss Plus Soft</b>	<p><b>Same as NTI-tss Plus when patient has:</b></p> <ul style="list-style-type: none"> <li>• Crowded anteriors</li> <li>• Veneers</li> <li>• Slight mobility</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced periodontal disease</li> <li>• Severely worn centrals</li> <li>• Incompatible occlusal scheme</li> <li>• Severe bruxism</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum protrusive measurement in mm</li> <li>• Centric occlusion bite</li> </ul>	NDX hard/soft thermo-formed material with a Clear 450 Discluding Element (DE) affixed	The NTI-tss Plus Soft features a hard exterior with a soft interior extended to the 2nd bicuspid. It reduces chairtime and increases patient comfort while protecting teeth, muscles and joints from parafunction's devastating effects.
	<b>Relaxer</b>	<ul style="list-style-type: none"> <li>• Relieves morning muscle soreness and migraines caused by clenching</li> <li>• Recommended for daytime use as a reminder to stop clenching</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced periodontal disease</li> <li>• Not recommended for nighttime use</li> </ul>	<ul style="list-style-type: none"> <li>• Required: Centric bite registration</li> </ul>	2 mm crystal EVA pressure formed	Thin and aesthetic. Retentive and comfortable. Standard full coverage. Lengths can be customized. Cleared for relief of bruxism and occlusal-related migraine pain, tension headaches and TMJ syndrome.

## MIGRAINE RELIEF



NTI-TSS PLUS



NTI-TSS PLUS SOFT

## HARD / SOFT SPLINT



COMFORT H/S

## THERMO-ACRYLIC SPLINT



THERMOFIT

## HARD SPLINT



CRYSTAL CLEAR



	Product	Indications	Contraindications	Material Composition	Reline Chairside	Ease of Repair	Overview
FLEXIBLE	<b>Flexible Partial</b>	<ul style="list-style-type: none"> <li>• Flexible/easy insertion</li> <li>• Design versatility</li> <li>• Acrylic allergies</li> <li>• Metal sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>• Need for rigid appliance</li> <li>• Less than 3-5mm vertical clearance</li> <li>• Flat ridge</li> </ul>	Thermoplastic or Nylon Thermoplastic	No	Difficult	The translucent material allows natural coloring of tissue to show through. Minimal to no prep required, easy insertion and metal-free comfort.
	<b>Framework Partial</b>	<ul style="list-style-type: none"> <li>• For all Kennedy Classifications</li> <li>• Long and free end saddles</li> <li>• Flat ridge</li> <li>• Few remaining teeth</li> <li>• Strong and stable</li> </ul>	<ul style="list-style-type: none"> <li>• Visible/aesthetics (metal only)</li> <li>• Metal or acrylic allergies (metal only)</li> </ul>	Acrylic to Cobalt Chrome or Acrylic to Polymer	Yes	Easier	Can be designed traditionally or with hidden clasps.
CAST METAL	<b>Combo</b>	<ul style="list-style-type: none"> <li>• When clasp flexibility is desired</li> <li>• Long and free end saddles</li> <li>• Strong and stable</li> <li>• Flat ridge</li> </ul>	Lack of vertical clearance	Flexible to Cobalt Chrome	No	Difficult	Utilizes the strength of a cast framework and aesthetics of a flexible partial. Tooth and tissue supported.
	<b>Acrylic Flipper</b>	Transitional treatment partial	<ul style="list-style-type: none"> <li>• Not long-term</li> <li>• Acrylic allergy</li> </ul>	Acrylic	Yes	Easier	Typically used as a transitional appliance. Ideal for healing, implant placement or extraction.

Product	Options	Lab Requirements	Rx Requirements
<b>Dentures</b>	<ul style="list-style-type: none"> <li>• Broad selection of teeth available from economy to premium.</li> <li>• Processed and injected dentures available</li> <li>• Offering a full range of overdenture options for all implant systems</li> <li>• Services include Hybrid Fixed Dentures and Digitally Planned Cases</li> </ul>	<ul style="list-style-type: none"> <li>• U/L accurate models and study casts</li> <li>• Bite Rim Registrations: Contour facial surface, mark mid-line, mark high lip line, mark distal of the cuspids</li> <li>• <b>RECOMMENDED:</b> Digital photos</li> <li>• Digital Case Pre-Planning</li> </ul>	<p><b>SPECIFY:</b> Denture style, acrylic shade, tooth type, tooth shade, patient age and sex, finishing preferences</p>

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


<b>TOOTH NUMBER</b>		
<input type="checkbox"/> Crown # _____	<input type="checkbox"/> Bridge # _____	<input type="checkbox"/> Inlay / Onlay _____
<b>CROWN &amp; BRIDGE</b>		
<b>ALL CERAMICS</b> <input type="checkbox"/> Full Contour Zirconia* <input type="checkbox"/> Aesthetic Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> Lithium Disilicate <input type="checkbox"/> Layered Lithium Disilicate	<b>PORCELAIN TO METAL</b> <input type="checkbox"/> High Noble / Precious <input type="checkbox"/> Noble / Semi-precious* <input type="checkbox"/> Base / Non-precious <input type="checkbox"/> WHITE*	<b>FULL CAST</b> <input type="checkbox"/> High Noble / Precious <input type="checkbox"/> Noble / Semi-precious* <input type="checkbox"/> Base / Non-precious <input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW*
<b>OTHER / SPECIFY BRAND</b>		
<b>DENTURE</b>	<input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER	<input type="checkbox"/> Custom Tray <input type="checkbox"/> Baseplate / Bite Rim <input type="checkbox"/> Emergency / Spare <input type="checkbox"/> Name on Prosthesis
<b>TYPE OF TEETH</b> <input type="checkbox"/> Economy <input type="checkbox"/> Standard* <input type="checkbox"/> Premium	<b>DIGITAL DENTURE</b> <input type="checkbox"/> Printed <b>RELINE</b> <input type="checkbox"/> Hard <input type="checkbox"/> Soft	
<b>PARTIAL</b>	<input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER	<input type="checkbox"/> Design <input type="checkbox"/> Set Teeth <input type="checkbox"/> Bite Block <input type="checkbox"/> Frame <input type="checkbox"/> Other
<b>TYPE OF TEETH</b> <input type="checkbox"/> Economy <input type="checkbox"/> Standard* <input type="checkbox"/> Premium	<b>TYPE OF PARTIAL</b> <input type="checkbox"/> Cast Metal Framework <input type="checkbox"/> Flexible <input type="checkbox"/> Acrylic	
<b>OTHER / SPECIFY BRAND</b>	<b>TYPE OF CLASP FOR ACRYLIC</b>	
<b>OCCLUSAL THERAPY</b>		
<input type="checkbox"/> Hard Splint	<input type="checkbox"/> Hard / Soft Splint	<input type="checkbox"/> Thermo-acrylic Splint
<b>OTHER / SPECIFY BRAND</b>		

<b>PONTIC DESIGN</b> SANITARY <input type="checkbox"/> HALF RIDGE LAP <input type="checkbox"/> FULL RIDGE LAP <input type="checkbox"/> BULLET <input type="checkbox"/> OVATE <input type="checkbox"/>	<b>DENTURE/PARTIAL DESIGN &amp; SHADE</b> ACRYLIC SHADE MOULD UPPER LOWER RIGHT LEFT LEFT RIGHT
<b>SHADE</b> DESIRED _____ STUMPF _____	

**IF INSUFFICIENT ROOM**

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

<b>SPECIAL INSTRUCTIONS</b>	<input type="checkbox"/> DIGITAL SCAN SENT

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

<b>ENCLOSED WITH CASE</b>				
<input type="checkbox"/> MODEL	<input type="checkbox"/> BITE	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> TEETH	<input type="checkbox"/> OTHER
<input type="checkbox"/> SHADE TAB	<input type="checkbox"/> IMPRESSIONS	<input type="checkbox"/> METAL TRAYS	<input type="checkbox"/> ARTICULATOR	

**FOR LAB USE ONLY**



LAB NAME			
DR. NAME			
FULL ADDRESS			
GROUP / PRACTICE NAME			
EMAIL		PHONE	
PATIENT INFO	FIRST NAME		
	LAST NAME		
		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE AGE _____	
DUE DATE		TODAY'S DATE	


Standard working time if no date is provided.


INTERFACE		
<b>COMPONENT SELECTION</b> <input type="checkbox"/> OEM <input type="checkbox"/> Universal*	<b>RESTORATION TYPE</b> <input type="checkbox"/> Cement-retained <input type="checkbox"/> Screw-retained <b>IF SCREW HOLE IS MALPOSITIONED</b> <input type="checkbox"/> Please call <input type="checkbox"/> Convert to cement-retained <input type="checkbox"/> Use angled screw components <input type="checkbox"/> Angled screw driver needed* <i>*Additional Fee May Apply</i>	<b>RESTORATION MATERIAL</b> <input type="checkbox"/> Full Contour Zirconia* <input type="checkbox"/> Aesthetic Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> Lithium Disilicate <input type="checkbox"/> LAYERED <input type="checkbox"/> PFM <b>METAL TYPE</b> _____ <input type="checkbox"/> PMMA Provisional <input type="checkbox"/> Other _____
<b>ABUTMENT MATERIAL</b> <input type="checkbox"/> Titanium* <input type="checkbox"/> Zirconia <input type="checkbox"/> Gold Anodized Titanium		


SURGICAL GUIDE		
<b>DESIRED DEFINITIVE RESTORATION</b> <input type="checkbox"/> Single Unit <input type="checkbox"/> All-on-X <input type="checkbox"/> Bridge <input type="checkbox"/> Locator® <input type="checkbox"/> Conus	<b>PROVISIONALIZATION</b> <input type="checkbox"/> Essix Retainer <input type="checkbox"/> Temporary Partial <input checked="" type="checkbox"/> Immediate PMMA* <input type="checkbox"/> Other	<b>CBCT UPLOAD</b> <input type="checkbox"/> Disc Enclosed <input type="checkbox"/> File Upload  <b>METHOD</b>
<b>SURGICAL GUIDE TYPE</b> <input type="checkbox"/> Fully Guided <input type="checkbox"/> Pilot Guide <input type="checkbox"/> Guided Prosthetics®	<b>BEST EMAIL FOR SCREEN-SHARE CASE APPROVAL</b>	

FULL ARCH IMPLANT SUPPORTED DEFINITIVE RESTORATION		
<b>SERVICE LEVEL</b> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Setup/Try-in <input type="checkbox"/> Bite Block <input type="checkbox"/> Reset <input type="checkbox"/> Implant Verification Jig <input type="checkbox"/> Framework Try-in <input type="checkbox"/> Definitive Prosthesis	<b>PATIENT INFORMATION</b>  Papillameter _____  Alameter _____  Tooth Mold _____  Shade _____	<b>PRE-SURGERY</b> <input type="checkbox"/> Guided Prosthetics <input type="checkbox"/> Immediate Temporary Denture Scanning application with radiopaque teeth <input type="checkbox"/> Clear Duplicate Denture with slot and 15mm border for surgical guide
<b>GINGIVAL SHADE</b> <input type="checkbox"/> Standard <input type="checkbox"/> Medium <input type="checkbox"/> Dark	<b>DEFINITIVE RESTORATION TYPE</b> <div> <input type="checkbox"/> Full Arch Zirconia             <input type="checkbox"/> Copymill/Individual Crowns           </div> <div> <input type="checkbox"/> Crystal Ultra®             <input type="checkbox"/> Conus Bundle           </div> <div> <input type="checkbox"/> Hybrid             <input type="checkbox"/> Locator Denture Bundle           </div>	

## EMERGENCE PROFILE

☐ Follow tissue  
(no expansion)

☐ Contour design  
(expand tissue  
by 0.5mm)

☐ Anatomical  
(fully expand  
tissue)

TOOTH #	MANUFACTURER	CONNECTION TYPE	PLATFORM SIZE	MARGIN DEPTH


**ITEMS REQUIRED:**

- CT SCAN in multi slice .dicom format
- Physical impression or digital impression in .stl format. Please zip files before sending.

**\*FOR SENDING YOUR GUIDED PROSTHETICS CASE:**  
[nsequence.com/ct-guided-prosthetics-order](https://nsequence.com/ct-guided-prosthetics-order)

[illegible]

ENCLOSED WITH CASE				
<input type="checkbox"/> MODEL	<input type="checkbox"/> BITE	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> TEETH	<input type="checkbox"/> OTHER
<input type="checkbox"/> SHADE TAB	<input type="checkbox"/> IMPRESSIONS	<input type="checkbox"/> METAL TRAYS	<input type="checkbox"/> ARTICULATOR	_____

<b>DR. SIGNATURE</b>		<b>REQUEST SUPPLIES</b>	
<b>DR. LICENSE #</b>		<b>EXPIRES</b>	_____ RXS _____ BOXES _____ LABELS OTHER _____
 <b>FOR LAB CONTACT INFO</b> <a href="http://nationaldentex.com/labs">nationaldentex.com/labs</a>	<b>NDX WARRANTY</b> <a href="http://nationaldentex.com/warranty">nationaldentex.com/warranty</a>		


FOR LAB USE ONLY

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

OCCLUSAL THERAPY		■ UPPER ■ LOWER	
<input type="checkbox"/> Hard Splint	<input type="checkbox"/> Hard / Soft Splint	<input type="checkbox"/> Thermo-acrylic Splint	
OTHER / SPECIFY BRAND			
ORTHO REMOVABLE	ORTHO FIXED	<input type="checkbox"/> UPPER	<input type="checkbox"/> LOWER
<input type="checkbox"/> 3-Way <input type="checkbox"/> Acrylic Spacer <input type="checkbox"/> Anterior Spring Clip <input type="checkbox"/> Bionator <input type="checkbox"/> Circumferential Retainer <input type="checkbox"/> Dual Laminate Retainer <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Invisible Retainer <input type="checkbox"/> Modified Spring Retainer <input type="checkbox"/> QCM Retainer <input type="checkbox"/> Sagittal <input type="checkbox"/> Schwarz <input type="checkbox"/> Triplex Corrector Series <input type="checkbox"/> Wick Flat-Bow <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Sports Guard	<input type="checkbox"/> 3x3 Hulsink <input type="checkbox"/> 3x3 Lingual Bonded <input type="checkbox"/> Banded RPE <input type="checkbox"/> Banded Herbst <input type="checkbox"/> Bilateral <input type="checkbox"/> 6x6 <input type="checkbox"/> 3x3 <input type="checkbox"/> Bonded RPE <input type="checkbox"/> Coil Spring Regainer <input type="checkbox"/> Distal Jet <input type="checkbox"/> Distal Shoe <input type="checkbox"/> Earch/Arnold <input type="checkbox"/> Thumbsucking Appliance <input type="checkbox"/> Fixed Sagittal	<input type="checkbox"/> Haas <input type="checkbox"/> Hilgers Pendulum <input type="checkbox"/> Loop Lingual <input type="checkbox"/> Lower Screw Expander <input type="checkbox"/> Nance Button <input type="checkbox"/> Ni-Ti Expander <input type="checkbox"/> Pedo Partial <input type="checkbox"/> Porter w/ Arch <input type="checkbox"/> Rickonator <input type="checkbox"/> Quad Helix <input type="checkbox"/> Transpalatal Arch <input type="checkbox"/> Unilateral	
	FOR REMOVABLE ADD	FOR FIXED ADD	
	<input type="checkbox"/> Ant. Bite Plane <input type="checkbox"/> Bracket Removal <input type="checkbox"/> Clark Twin Blocks <input type="checkbox"/> Habit Crib <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Occlusal Acrylic <input type="checkbox"/> Reset Teeth	<input type="checkbox"/> Bracket Bands <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Ling. Horiz. Sheaths <input type="checkbox"/> Wilson 3-D Attachments	
<input type="checkbox"/> PONTIC SHADE			
<input type="checkbox"/> OTHER			

MIGRAINE THERAPY		<input type="checkbox"/> UPPER	<input type="checkbox"/> LOWER
<input type="checkbox"/> <b>NTI-tss Plus Nighttime</b> <i>Available in pink</i>			
<input type="checkbox"/> <b>NTI-tss Plus Daytime</b> (Daytime Clenching Only)			
<input type="checkbox"/> <b>NTI-tss Plus Soft</b> (Extends 2nd bi - 2nd bi) <i>Available in pink, green and blue</i>			
<input type="checkbox"/> <b>NTI-tss Plus Night &amp; Day Set</b> (NTI-tss Plus & NTI-tss Plus Daytime)			
<input type="checkbox"/> <b>NTI-tss Plus Universal Therapy Set</b> (NTI-tss Plus & Opposing Universal Slider)			
<input type="checkbox"/> <b>Relaxer®</b> (Daytime Clenching Only)			
<b>Maximum Protrusive Measurement</b> _____ IN MM			
<b>Extend Coverage from</b> _____ <b>to</b> _____ TOOTH # TOOTH #			
<b>Okay to switch arches due to arch selection contraindications?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No, call me	
<b>Okay to extend if necessary to ensure adequate retention?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No, call me	

[illegible]

<b>DR. SIGNATURE</b>  <b>DR. LICENSE #</b>		<b>EXPIRES</b>	<b>REQUEST SUPPLIES</b>  ____ RXS ____ BOXES ____ LABELS OTHER _____
 <b>FOR LAB CONTACT INFO</b> <a href="http://nationaldentex.com/labs">nationaldentex.com/labs</a>		<b>NDX WARRANTY</b> <a href="http://nationaldentex.com/warranty">nationaldentex.com/warranty</a>	

ENCLOSED WITH CASE				
<input type="checkbox"/> MODEL	<input type="checkbox"/> BITE	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> TEETH	<input type="checkbox"/> OTHER
<input type="checkbox"/> SHADE TAB	<input type="checkbox"/> IMPRESSIONS	<input type="checkbox"/> METAL TRAYS	<input type="checkbox"/> ARTICULATOR	_____

FOR LAB USE ONLY

**ALL YELLOW HIGHLIGHTED AREAS ARE REQUIRED.** An incomplete form will result in case delays until proper data can be collected.

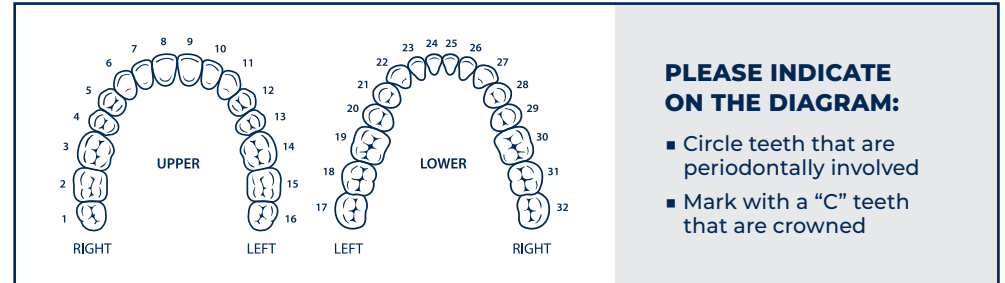
LAB NAME			
DR. NAME			
FULL ADDRESS			
GROUP / PRACTICE NAME			
EMAIL		PHONE	
PATIENT INFO	FIRST NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	LAST NAME		
DUE DATE	TODAY'S DATE		

**SLEEP APPLIANCES** ☐ Add "oral CPAP" attachment to the appliance selected below.

CLEARDREAM®	
<input type="checkbox"/> <b>ClearDream</b> (Dorsal appliance with 6mm adjustable range)	<b>CLEARDREAM DESIGN:</b> <input type="checkbox"/> Hooks for Elastics <input type="checkbox"/> Discluding Element
<input type="checkbox"/> <b>ClearDream with Thermo-Adaptive Liner</b> (Interior becomes flexible in hot water) <i>ClearDream requires George Gauge™ bite or ClearDream bite technique.</i>	

SOMNODENT MAS®	
<input type="checkbox"/> <b>STANDARD (HARD, CLASP)</b>	<input type="checkbox"/> <b>FLEX</b>
<input type="checkbox"/> <b>SomnoDent MAS</b> <input type="checkbox"/> <b>SomnoDent Avant</b> <input type="checkbox"/> <b>SomnoDent Herbst</b> <input type="checkbox"/> <b>SomnoDent Herbst Advanced</b>	<input type="checkbox"/> Add Vertical Elastic Hooks <input type="checkbox"/> Scalloped Lingual <input type="checkbox"/> Add Upper Anterior Deprogramming Bump <input type="checkbox"/> Anterior Opening


THORNTON ADJUSTABLE POSITIONER®	
<p><b>TAP HARDWARE</b></p> <p><input type="checkbox"/> <b>dreamTAP</b> (U:Bar &amp; Separate Key / L:Hook)</p> <p><input type="checkbox"/> <b>TAP 1</b> (U:Handle &amp; Hook / L:Bar)</p> <p><input type="checkbox"/> <b>TAP 3</b> (U:Hook &amp; Separate Key / L:Slot)</p>	<p><b>TAP MATERIAL CHOICES</b></p> <p><input type="checkbox"/> <b>TL</b></p> <ul style="list-style-type: none"> <li>■ Vacuum triple laminate-soft liner</li> <li>■ Not repairable or relineable</li> </ul> <p><input type="checkbox"/> <b>PLUS</b></p> <ul style="list-style-type: none"> <li>■ Brux-eze flexible in hot water</li> <li>■ Repairable &amp; relineable</li> </ul>
<p><input type="checkbox"/> <b>EMA® BIOCRYL U/L FULL COVERAGE</b></p>	



**TO REQUEST A PANTHERA D-SAD™ OR X3 APPLIANCE**

Please contact your National Dentex lab for a Panthera D-SAD or X3 Rx

[illegible]

<b>DR. SIGNATURE</b>  <b>DR. LICENSE #</b>		<b>REQUEST SUPPLIES</b>  _____ RXS _____ BOXES _____ LABELS OTHER _____
 <b>FOR LAB CONTACT INFO</b> <a href="https://nationaldentex.com/labs">nationaldentex.com/labs</a>		<b>EXPIRES</b>  <b>NDX WARRANTY</b> <a href="https://nationaldentex.com/warranty">nationaldentex.com/warranty</a>

ENCLOSED WITH CASE				
<input type="checkbox"/> MODEL	<input type="checkbox"/> BITE	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> TEETH	<input type="checkbox"/> OTHER
<input type="checkbox"/> SHADE TAB	<input type="checkbox"/> IMPRESSIONS	<input type="checkbox"/> METAL TRAYS	<input type="checkbox"/> ARTICULATOR	_____

FOR LAB USE ONLY