

New Smiles Dental Lab

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

M F DOB _____

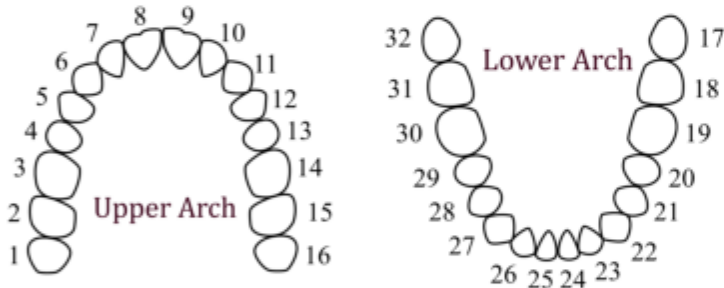
Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at NSDL.

- Teeth to be removed from model now
- Teeth removed from model at final processing

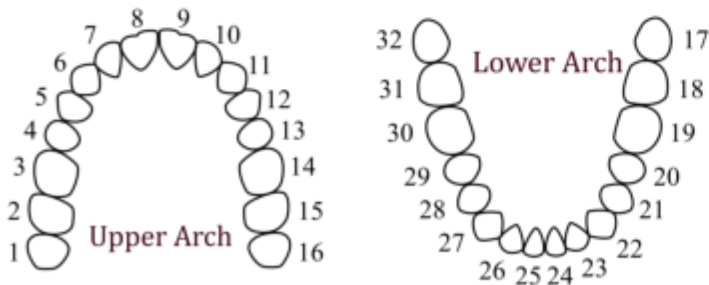
EXTRACTIONS

Please mark all teeth to be extracted and replaced



CASE DESIGN

- Follow the doctor's design
- Best design for fit and function



STANDARD DESIGN IF AN OPTION IS NOT SELECTED

Please provide any photos, study models, diagnostic casts with case or
Email photos to: Danny@newsmilesdentallab.com

DENTURES

- Set-up/Try-in
- Standard Denture
- Premium Denture
- Upper
- Lower
- Both
- Finish
- Immediate/Surgical Denture
- Patient ID (extra charge)

PARTIALS

- Set-up/Try-in
- Standard Partial
- Premium Partial
- Upper
- Lower
- Both
- Finish

Base Materials (non-metal)

- Acrylic Partial
- Unilateral (nesbit)
- Immediate/Surgical partial
- Duraflex Partial

Framework

- Chrome Cobalt
- Nobileum 2000
- Duracetal _____ (SHADE)
- Frame only
- Frame w/ Set-up/Try-in
- Framework/ Bite rim

Partial Design

- Horseshoe palate (upper)
- Wrought wire clasps (2*)
- Ball clasps
- Duracetal clasp _____ (SHADE)

Framework Design

- Lingual bar (lower)
- Cosmetic clasp _____ (SHADE)
- A-P strap

- Custom Tray
- Base Plate/Bite Rim

NIGHTGUARDS/SPLINTS

- Upper
- Lower
- Soft (vacuum formed)
- Hard (clear acrylic) ivo base
- Astron self adjusting (clear splint)
- Sports guard (vacuum formed)

OTHER

- Reline
- Rebase
- Simple repair
- Medium repair
- Complex repair
- Soft liner
- Add clasp _____ (CLASP TYPE)

ACRYLIC SHADE (REQUIRED)

- Original
- Light Pink
- Preference(ivobase)
- Light Meharry
- Meharry

Tooth shade _____ (REQUIRED) Tooth Mould No. _____
Shade Guide Used _____ (Vita is default)

RX SPECIFIC INSTRUCTIONS

Dentist license no. _____
(REQUIRED)

Dentist signature** _____
(REQUIRED)

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by NSDL in the event the account is sent to collections or litigation.