

# 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)

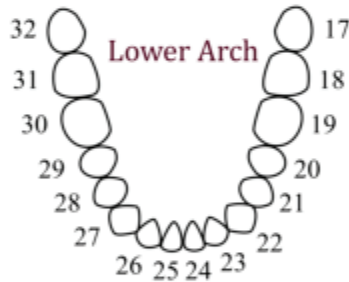
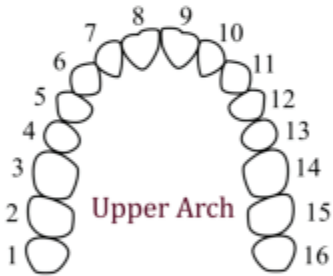
Case turnaround times are based on the date the Rx is received at NSDL.

Teeth to be removed from model now

Teeth removed from model at final processing

## EXTRACTIONS

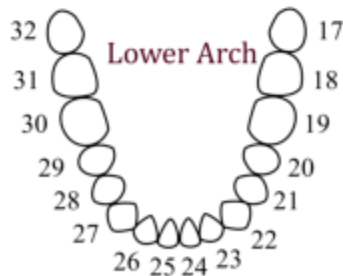
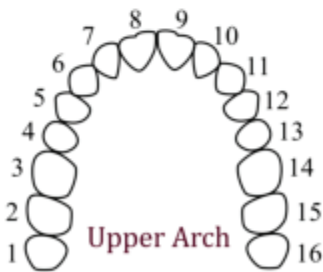
Please mark all teeth to be extracted and replaced



## CASE DESIGN

Follow the doctor's design

Best design for fit and function



**STANDARD DESIGN IF NO OPTION IS NOT SELECTED**

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

## DENTURES

- Standard Denture  Upper  Finish
- Premium Denture  Lower  Set-up/Try-in

## PARTIALS

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

### Base Materials (non-metal)

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

### Framework

- Nobilium 2000
- Duracetal \_\_\_\_\_ (SHADE)
- Frame only
- Frame w/ Set-up/Try-in
- Frame w/ Bite rim

### Partial Design

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

### Framework Design

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

Custom Tray

Base Plate/Bite Rim

## NIGHT GUARDS

- 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  Preference (ivobase)  Light Meharry
- Light Pink  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.