

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

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

<b>MIGRAINE THERAPY</b>	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
<input type="checkbox"/> <b>NTI-tss Plus Nighttime</b> Available in pink <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) Available in pink, green and blue <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)	Maximum Protrusive Measurement _____ IN MM  Extend Coverage from _____ TOOTH # to _____ TOOTH #  Okay to switch arches due to arch selection contraindications? <input type="checkbox"/> Yes <input type="checkbox"/> No, call me  Okay to extend if necessary to ensure adequate retention? <input type="checkbox"/> Yes <input type="checkbox"/> No, call me

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

<b>NDX ALIGNERS</b>
 The prescription form for an aligner case must be submitted through the NDX Aligners Doctor Portal. To create your portal account, please visit <a href="http://nationaldentex.com/aligners">nationaldentex.com/aligners</a> .

<b>ORTHO REMOVABLE</b>	<b>ORTHO FIXED</b>	<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"/> PONTIC SHADE _____  <input type="checkbox"/> OTHER _____	<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  <b>FOR REMOVABLE ADD</b> <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"/> 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  <b>FOR FIXED ADD</b> <input type="checkbox"/> Bracket Bands <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Ling. Horiz. Sheaths <input type="checkbox"/> Wilson 3-D Attachments

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

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

<b>FOR LAB USE ONLY</b>
_____ _____ _____