

IMPLANT RESTORATION PRESCRIPTION

PLEASE SELECT PROSTHESIS TO FABRICATE
*(Select All Applicable Options) *Default If Not Indicated*

Rx Date: Deliver by 5pm on:

Office Name: Patient Name:

Dr. Name: Chart No:

Address: Sex: M / F Age:

Dr. Phone:

PLEASE DOCUMENT ENCLOSURES

- Impression Cop(s) Qty____ Analog(s) Qty____ Abutment(s) Qty____
 Screw(s) Qty____ Cylinder(s) Qty____ Other(s): Qty____

IMPLANT SYSTEM: _____

TYPE AND SIZE OF IMPLANT: *(Attach copy of surgeons letter)*

	Tooth #	Implant Type	Length (mm)	Diameter (mm)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

ADDITIONAL INSTRUCTIONS

- PLEASE CALL**

Dr. Signature _____

License # _____

Select Stage:

Bite Try-in Metal Frame / Bar Try-In New Case
 Denture Wax Try-In Process / Finish In-process Case

Case Status:

Fixed Prosthesis:

Abutment Tooth# _____

CAD/CAM Titanium* CAD/CAM Gold Hue CAD/CAM Zirconia
 Prep Stock Custom UCLA Noble Custom UCLA Gold

Margin Position **Tissue Emergence Design**

Buccal/Facial 1.5mm with Light Tissue Contour Blanching*
Lingual/Mesial/Distal .5mm* No Blanching
 Specify Desired Margin Placement Full Anatomical
Buccal ____ mm Mesial ____ mm *(surgical incision may be required)*
Lingual ____ mm Distal ____ mm

Implant Crown Tooth# _____

Shade: _____

PFZ Full Gold
 PFM Tiltite Full Contour Zirconia
 Single Splinted PFM CoCr IPS e.max Press Full Contour
 Cemented Screw Retained PFM Noble IPS e.max Press Layered
 PFM HN Provisional Crown

Removable Prosthesis:

Locator/ERA Overdenture Hader Bar Fixed Hybrid/ Highwater Bar

Alloy **Select Teeth**

Milled Titanium VITA Economy Shade _____
 Milled Zirconia Other: _____ Mould _____
 Cast Base

Additional Implant Products and Services:

Implant Tray Abutment Insertion Jig Occlusal Rim / Screw Retained
 Verification Jig Implant Stent Radiographic Guide

Lab Use Only (List Components Supplied by Laboratory):

Prosthetic Components:

Implant System: _____

_____ Impression Coping(s)

_____ Analog(s)

_____ Screw(s): Try-in

_____ Screw(s): Gold

_____ Abutment(s)

_____ Cylinder(s)

_____ Attachment(s): Clips

_____ Attachment(s): Housing

_____ Other:

Notes:

Terms & Conditions

Billing and Payment Terms

NDL will include an invoice with each case delivered to you. A statement detailing all invoices for the month will be sent at month end. Payment of all invoices is due within 30 days of the statement date. If we do not receive full payment within thirty (30 days) of the statement date, we will charge interest to your outstanding balance at the rate of 18% per annum (1.5% per month). In the event of default or suit for non payment, NDL will seek reimbursement for all legal fees, collection costs and other reasonable fees. NDL accepts checks, Visa, Mastercard, Amex, and Discover cards.

Warranty

NDL is dedicated to providing the highest level of quality and customer service. For a period of one full year, NDL guarantees the (1) workmanship of new fixed restorations and (2) that all new fixed restorations will fit the master die or master model. Failure due to de-bonding is not considered to be the result of inferior workmanship. Failure due to accident, neglect, abuse, changes in tissue or bone structure, or improper dental hygiene is not covered. Any changes to the original prescription (eg.: shade, material, design modification) or alterations to the tooth preparation or impression will be subject to full charge. NDL reserves the right to determine if guarantee is applicable.

What NDL covers:

Refund/credit, replace or repair the defective restoration. All refunds/credits are limited to the amount of invoice. In order to receive a refund/credit you must return the original restoration along with the models.

What NDL does not cover:

Cost for incidental or consequential damages, including inconvenience, lost chairtime, costs incurred for removal or reinsertion, transportation costs, lost wages, pain and suffering, or loss of profits.

Billing Questions

Any questions concerning your billing or account please call us at (215) 699-8861 Monday - Friday, 8 am to 5 pm.