

REMOVABLE RESTORATIONS PRESCRIPTION

Rx Date: _____ Deliver by 5pm on: _____
 Office Name: _____ Patient Name: _____
 Dr. Name: _____ Chart No: _____
 Address: _____ Sex: M / F Age: _____
 Dr. Phone: _____

PLEASE DOCUMENT ENCLOSURES

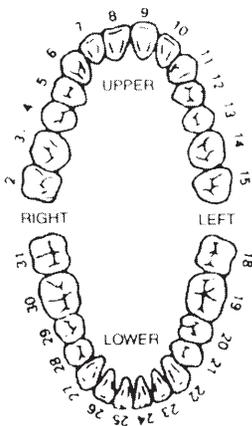
- Models
- Photos
- Articulator
- Face Bow
- Impression Copings
- Analogs
- Screws
- Cylinders
- Other:

PLEASE SELECT STAGE

- Frame Only Try-in
- Frame w/ Bite Rim
- Set-Up
- Process / Finish

ADDITIONAL INSTRUCTIONS

- PLEASE CALL ME



Dr. Signature _____

License # _____

PLEASE SELECT CASE TYPE

FULL DENTURE

Acrylic Shade

- Pink
- Ethnic
- Clear

Check List

- Midline - Marked
- High Lip Line - Marked
- Proper Lip Support

Anterior Set-Up

- Ideal
- Characterized
- Study Model

PARTIALS

- Cast Partial
- Acrylic Partial
- Flexible Partial

ADDITIONAL NOTES FOR PARTIAL DESIGN

* Please indicate major connector, clasp design, saddle & rest areas with tooth # reference

HYBRID

- Locator/ERA Overdenture
- Removable Bar Overdenture
- Fixed Hybrid

OTHER APPLIANCES / SERVICES

- Custom Tray
- Bite Rim
- Repair
- Reline
- Verification Jig
- Sport Guard
- Night Guard Hard / Soft
- Implant Stent
- Duplicate Denture

SELECT DENTURE TEETH:

Teeth

- VITA
- Other:
- Economy

Type

- Porcelain
- Acrylic

Shade _____

Mould _____

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.