

REQUIRED INFORMATION

Date: _____
 Due Date Back to Dr.: _____
 Tooth Shade: _____ Gingival Shade: Pink or Dark Vein
(CIRCLE ONE)
 Restoring Dr.: _____
 Lic#: _____ Ph#: _____

Patient Name: _____
FIRST NAME

LAST NAME
 Age: _____ Gender: Male Female
 Referring Oral Surgeon: _____
 Check box if prepaid case
 Case #: _____

SHIP TO:

Practice: _____
 Ph#: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Recommended minimum posterior VDO's are listed with each option. Please review the requirements. If patient's VDO doesn't meet the minimum requirement, the lab will be held harmless and the warranty will be voided.

Patient's Posterior VDO = Upper: _____
Lower: _____

- Over Multi-unit Abutments
- Direct to Implants (may impinge tissue)
- Patient is a bruxer

STEP 1: SETUP/RESET

Will you need an All-on-X Setup/Reset?

- ____ Yes (Please select one of the Setup/Reset Options below)
- ____ No (Move to Step 2)

Setup/Reset Options: (10 business days)

- ____ Acrylic Try-in (ATI) - 3 Implant Sites (Default) Upper Lower
- ____ Acrylic Try-in (ATI) - All Sites (additional fee will apply) Upper Lower
- ____ Wax Try-in - 3 Implant Sites (required for Hybrid Denture) Upper Lower

STEP 2: DEFINITIVE FINISH

OPTION 1: HYBRID DENTURE (20 business days)

- Acrylic Denture with reinforced bar
Note: OEM bar included for our Preferred Partners* One Year Warranty

- Upper Lower
 Recommended Min. VDO : 12.0

OPTION 2: CRYSTAL® ULTRA NANO-CERAMIC (24 business days) Five Year Warranty



- Upper Lower
 Recommended Min. VDO : 11.0

OPTION 3: ZIRCONIA (24 business days) Five Year Warranty

- Monolithic Zirconia - No Cutback Monolithic Zirconia with Anterior Cutback
- Aesthetic Multi-layered Zirconia - No Cutback

- Upper Lower
 Recommended Min. VDO : 9.0

OPTION 4: COPYMILL - THIMBLE BAR DESIGN with Individual Crowns (24 business days) Lifetime Warranty on crowns

- Titanium substructure with multi-layered zirconia crowns (default)
- Titanium substructure with lithium disilicate crowns (additional fee)

- Upper Lower
 Recommended Min. VDO : 11.0

PLEASE INCLUDE THE FOLLOWING RECORDS ALONG WITH YOUR COMPLETED RX FORM

- Long Term Provisional (LTP) with Temporary Copings Bite Registration Opposing Post-Op Photos with LTP in place

PHOTOS

- Email: photos@nsequence.com
- Upload: nsequence.com/upload-files

PROTECTIVE SOFT NIGHT GUARD**

- Upper Lower
 **Additional fee will apply.

Special Instructions: _____

Dentist's Signature: _____ **Date:** _____

***Preferred Partners:** BioHorizons®, Dentsply Sirona®, Neodent®, Nobel Biocare®, Straumann® and ZimVie®.
Estimated Turnaround Times: Business days do not include weekends, holidays or days in transit.
For more information on warranties: Please visit nSequence.com/warranties. Warranties are subject to change without notice.