

**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)**

\_\_\_ Wax Try-in (required for Hybrid Denture)  **Upper**  **Lower**

\_\_\_ Reset in Wax - Return for Another Try-in  **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\***

**Upper**  **Lower**  
 Recommended Min. VDO : 15

**OPTION 2: CRYSTAL® ULTRA NANO-CERAMIC (24 business days)**

**Upper**  **Lower**  
 Recommended Min. VDO : 13

**OPTION 3: ZIRCONIA (24 business days)**

Monolithic Zirconia - No Cutback  Monolithic Zirconia with Anterior Cutback

Aesthetic Multi-layered Zirconia - No Cutback

**Upper**  **Lower**  
 Recommended Min. VDO : 11

**OPTION 4: COPYMILL - THIMBLE BAR DESIGN with Individual Crowns (24 business days)**

Titanium substructure with monolithic multi-layered zirconia crowns (default)

Titanium substructure with lithium disilicate crowns (additional fee)

**Upper**  **Lower**  
 Recommended Min. VDO : 13

**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**

Please upload your photos at [nsequence.com/upload-files](https://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.