



OFFERING SOLUTIONS... beyond the restoration

Send Photos to photos@ndlsmile.com

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IMPLANT RESTORATION PRESCRIPTION

Phone: (215) 699-8861
Fax: (215) 699-8862
Toll Free: (866) 635-5227

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 surgeon's letter)

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

ADDITIONAL INSTRUCTIONS If no size or system is provided, there may be a production delay as a result.

- PLEASE CALL

Dr. Signature _____
License # _____

LAB COPY - WHITE

Select Stage:

Bite Try-in Metal Frame / Bar Try-In New Case

Denture Wax Try-In Process / Finish In-process Case

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

Restoration Type 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

DOCTOR COPY - YELLOW

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.