

CROWN & BRIDGE PRESCRIPTION

PLEASE SELECT CASE TYPE

(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: _____

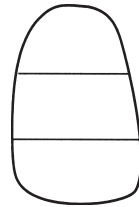
PLEASE DOCUMENT ENCLOSURES

- Pre-Op Model
- Photos
- Other:
- Shade Tab
- Partial
- Articulator
- Crown / Temp

SHADE INSTRUCTIONS

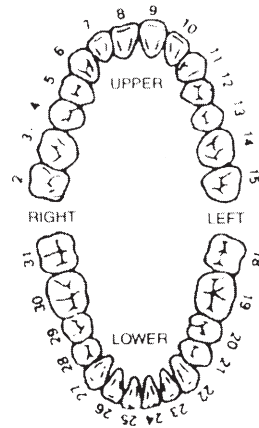
Occlusal Stain

- None
 - Light
 - Medium
 - Dark
- Shade _____
Prep Shade _____
(Required for All Ceramic)



ADDITIONAL INSTRUCTIONS

- PLEASE CALL ME



Dr. Signature _____
License # _____

PORCELAIN FUSED TO METAL

- Single Unit
 - Splinted Units
- Tooth # _____

Stage

- Finish
- Metal Try-In
- Bisque

Alloy

- Non-Precious
- Noble*
- White High Noble
- Yellow High Noble

Design

- Porcelain Butt Margin
- Metal Occlusal
- No Metal Collar*
- Lingual Metal Collar _____mm
- 360° Metal Collar _____mm

Ridge Relief

- None
- Light
- Moderate
- Heavy

Pontic Design

- | | | | | | |
|------------|---------------|----------|---------------|------------|-------|
| Full Ridge | Partial Ridge | No Ridge | Point Contact | No Contact | Ovate |
| | | | | | |

FULL CAST RESTORATIONS

Tooth # _____

- Non-Precious
- White Noble
- Yellow Noble*
- White High Noble
- Yellow High Noble

METAL FREE RESTORATIONS

- Single Unit
 - Splinted Units
- Tooth # _____

Indicate stump shade for metal free restorations

Layered Porcelain

- Porcelain Fused to Zirconia
- IPS e.max Press
- IPS Empress Esthetic
- Composite

Monolithic

- Full Contour Zirconia
- IPS e.max CAD
- IPS e.max Press Full Contour

NEWTEMP PROVISIONALS

- Single Unit
 - Splinted Units
- Shade _____
Tooth # _____

Reinforcement

- None
- Wire
- Fiber
- Cast Metal Frame

Reduction

- 1mm
- 2mm

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.