



- CLASSIC -

Toll Free: 1-833-400-5443
www.nextdentallab.com
Email: info@nextdentallab.com

PFM: \$28 Full Zirconia: \$37
EMAX: \$45 Full Denture: \$60
(Full Price List Available Online)

RX Date: _____

Deliver by: _____

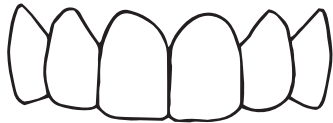
Patient Name: _____

Male: Female: Approx. Age: _____

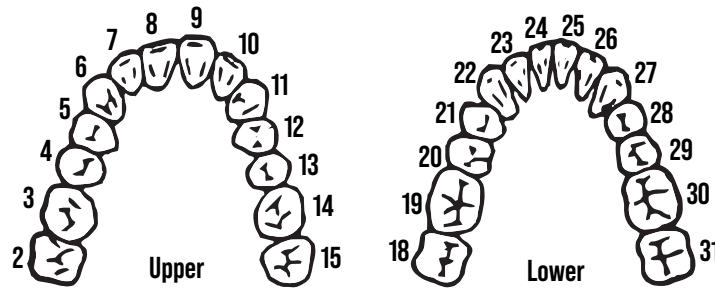
TEETH NUMBERS															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shade Details

Shade: _____ Stump Shade: _____



By filling out this RX,
I agree to pay NExT Classic price rates.
Account Number: _____
Please write below your case instructions.
Please be as detailed as possible to avoid any delay or remake.



_____ Gum Shade _____ Teeth Shade

Signature: _____ Dr. License Number: _____ Doctor's or Assistant's Cell Number: _____

I understand that any illegible or incomplete RX script will delay the delivery of the case.