



- ELITE -

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

Crown and Bridge (No PFM) Removable  
Full Zirconia: \$89      Full Denture: \$129  
(Full Price List Available Online)

RX Date: \_\_\_\_\_

Deliver by: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Male:      Female:      Approx. Age: \_\_\_\_\_

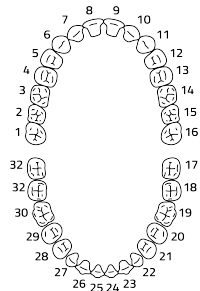
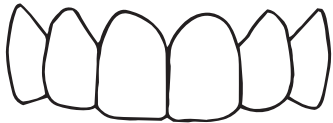
**By filling out this RX,  
I agree to pay NExT Elite price rates.**  
Account Number: \_\_\_\_\_

Please write below your case instructions.  
Please be as detailed as possible to avoid any delay  
or remake.

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: \_\_\_\_\_



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.