NExT
Dental Lab

- CLASSIC -

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

PFM: $28
EMAX: $45
(Full Price List Available Online)

Full Zirconia: $37
Full Denture: $65

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.

RX Date: _____

Deliver by: _____

Patient Name: _____

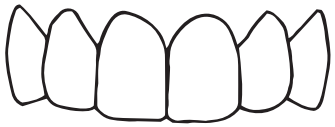
Male: ☐ Female: ☐ Approx. Age: _____

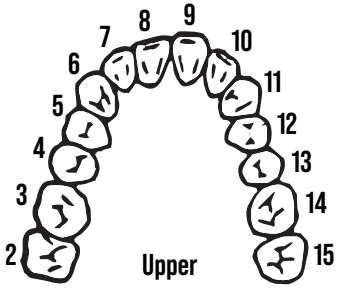
TEETH NUMBERS

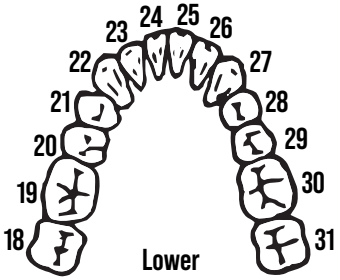
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Shade Details

Shade: _____ Stump Shade: _____







_____ 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.