NDX® NATIONAL DENTEX LABS

Send your NTI-tss Plus case to any NDX laboratory.

NTI-TSS PLUS RX

PLEASE PRINT:

Doctor: _____Lic#: _____

Address: _____

Phone: _____

Email: _____

Patient Name: _____

Date Sent: _____Case Due Date: _____

I. SELECT YOUR NTI

❑ **NTI-tss Plus™ – Lab Recommended Design**

OR

Specify the NTI Design:

❑ **NTI-tss Plus (Night-time Use, Most Popular Design)**

❑ NTI-tss Plus Soft (must be extended 2nd bi to 2nd bi)

❑ NTI-tss Plus Daytime (Anterior Point Stop)

❑ NTI-tss Plus Extended Coverage (From _____ to _____)

❑ NTI-tss Plus Migraine Therapy Set (NTI-tss Plus & NTI-tss Plus Daytime)

❑ NTI-tss Plus Universal Therapy Set (NTI-tss Plus & Opposing Slidebar)

Choose the Arch:

❑ Upper ❑ Lower ❑ Lab Choice

II. DOCUMENT MEASUREMENTS & COMMENTS

Measurements:

Maximum Protrusive Measurement _____mm

Enclose full arch PVS impressions and centric bite.

Comments:

_____

_____

_____

_____

_____

_____

_____

Dr.'s Signature: _____

Date: _____