

Classic Fixed & Implant Restorations Rx

ATTN: _____ ACCOUNT#: _____

Rx Date _____ Due Date _____

FOR DELIVERY BY 5PM.
NOTE: If no due date is assigned, a standard MicroDental due date will be applied.

DR. NAME/ADDRESS _____ PATIENT NAME (Please Print) _____

DR. PHONE _____ PATIENT APPOINTMENT DATE _____

DR. EMAIL _____ SEX: M/F _____ AGE: _____

SIGNATURE OF DENTIST (Required) _____ DENTIST LICENSE# (Required) _____

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. By law, dentist's signature will authorize MicroDental Laboratories to construct, alter, or repair the restoration described on this requisition.

DESIRED ARTICULATOR _____
If no articulator is specified, our standard will be used.

PHOTO COMMUNICATION Full Face Profile Repose/Rest Intraoral
 Photos Attached OCD/Memory Stick MicroShade Emailed to photos@microdental.com

INSTRUCTIONS CALL ME (BEFORE PROCEEDING WITH CASE)

PLEASE SEND
 Rx's
 FedEx Airbills
 UPS Airbills
 Boxes

FOR LAB USE

MATERIALS

ALL-CERAMIC
 Oe.max®
 OP2Z (Porcelain to Zirconia)
 ZEUS™ Full Contour Zirconia
 ZEUS™ Ultra Zirconia (Microlayered)
 Oe.max® ZirCAD Multi
 OLava™
 OEmpress®

PORCELAIN-FUSED-TO-METAL
 OHigh Noble Yellow (High Gold)
 OHigh Noble White (Med. Gold)
 OSemi-Precious (Zero Gold)
 ONon-Precious

FULL METAL
 O77% Yellow Gold
 O52% Yellow Gold
 O46% Yellow Gold
 O2% Yellow Gold

INDIRECT COMPOSITE
 OComposite
 OFiber Reinforcement

ADDITIONAL SERVICES

ODiagnostic Wax-Up (Includes prep guide & temp matrix)
 OClear Suckdown

Night Guards
 OSoft (Pressure Formed)
 OHard/Soft (Pressure Formed)
 OHard (Heat Cured)
 OAll Thermoplastic
 OCombo(Hard Acrylic & Thermoplastic)

IMPLANTS

OCementable OScrew-Retained

CUSTOM ABUTMENT
 OAtlantis™
 ONobelProcera®
 OStraumann®
 OOther _____
 OZirconia OTitanium
 OTiNi/Gold Hue (Atlantis Only)
 OUCLA w/ opaque

STOCK ABUTMENT
 OTitanium OZirconia

Tooth# _____

Platform Size _____

Depth of Margin Below Tissue _____

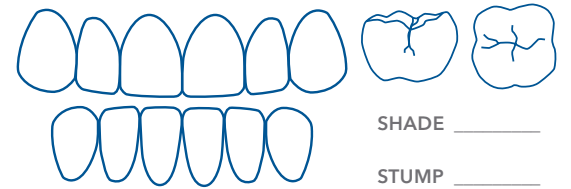
Implant Brand _____

OLab to Order Parts
 ODr. to Supply/Order Parts
 OCall office w/ part #'s to order
 OOrder Parts on Dr. Account

Implant Company: _____

Dr. Account #: _____

DESIGN AND FORM



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

ANTERIOR CHARACTERIZATION

Incisal Translucency	<input type="radio"/> Light	<input type="radio"/> Medium	<input type="radio"/> Heavy
Translucency Volume	<input type="radio"/> Light	<input type="radio"/> Medium	<input type="radio"/> Heavy
Lobing	<input type="radio"/> Light	<input type="radio"/> Medium	<input type="radio"/> Heavy
Texture	<input type="radio"/> Smooth	<input type="radio"/> Medium	<input type="radio"/> Heavy

POSTERIOR OCCLUSAL CHARACTERIZATION

Stain Color	<input type="radio"/> Yellow	<input type="radio"/> Ochre	<input type="radio"/> Brown	<input type="radio"/> Black
Stain Placement	<input type="radio"/> No stain	<input type="radio"/> Pit Stain	<input type="radio"/> Pit & Fissure	<input type="radio"/> Pit, Fissure, & Groove Stain
Hypo-Calcification	<input type="radio"/> Medium	<input type="radio"/> Heavy		

PONTIC DESIGN

O Full Ridge Lap

O Modified Ridge Lap

O Ovate/Conical _____mm

O Sanitary/Hygenic

COPING DESIGN

OCollarless (Default)

OBand

OLingual Band Only

OPorcelain Butt Margin

OPorcelain Margin 360

OFull Contour Lingual

OFull Contour Occlusal

TISSUE RELIEF

OLight OHeavy

DIAGNOSTIC WAXUP PREP

OCrown OVeneer

O3/4 Veneer

OPINK PORCELAIN

TISSUE SHADE _____

WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE?

OYes ONo

ODESIGN CROWN FOR FUTURE PARTIAL

SMILE DESIGN

OCCLUSAL CLEARANCE

OOut of Occlusion (200 Micron)

OLight Occlusion (100 Micron)

OMedium Occlusion (40 Micron)

OTight Occlusion (16 Micron)

CONTACTS

ONormal OLight

OTight OWide/Broad

IF INADEQUATE CLEARANCE

OReduce Opposing

OPlease Call

OReduction Coping

FORM OF CROWN DESIRED

OFollow Study Model

OMatch Existing

OMake Ideal

LENGTH OF CENTRALS

_____mm
(from Cervical Margin of #8)

VERTICAL INDEX (CEJ to CEJ)

Anterior _____mm

Posterior (R) _____mm

Posterior (L) _____mm

MIDLINE SHIFT

R _____mm L _____mm

OVERBITE _____mm

OVERJET _____mm