

**Macstudio 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 Stratos 100 will be used.

MOUNTING PREFERENCE  HIP  OKOIS  Other \_\_\_\_\_

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)  
 Full Contour Zirconia  
 Oe.max® ZirCAD Multi  
 Lava™  
 Empress®

**PORCELAIN-FUSED-TO-METAL**  
 High Noble Yellow (High Gold)  
 High Noble White (Med. Gold)  
 Semi-Precious (Zero Gold)  
 Non-Precious

**FULL METAL**  
 77% Yellow Gold  
 52% Yellow Gold  
 46% Yellow Gold  
 2% Yellow Gold

**INDIRECT COMPOSITE**  
 Composite  
 Fiber Reinforcement

**ADDITIONAL SERVICES**

Diagnostic Wax-Up (Includes prep guide & temp matrix)  
 1 Piece Dual Arch Temp Matrix  
 Clear Suckdown

**Night Guards**  
 Soft (Pressure Formed)  
 Hard/Soft (Pressure Formed)  
 Hard (Heat Cured)  
 All Thermoplastic  
 Combo (Hard Acrylic & Thermoplastic)

**Orthotics**  
 Pressure form and build up  
 Ivoclar injection processed clear  
 Acetyl resin tooth shade

**IMPLANTS**

Cementable  Screw-Retained

**CUSTOM ABUTMENT**  
 Atlantis™  
 NobelProcera®  
 Straumann®  
 Other \_\_\_\_\_

Zirconia  Titanium  
 TiNi/Gold Hue (Atlantis Only)  
 UCLA  w/ opaque

**STOCK ABUTMENT**  
 Titanium  Zirconia

Tooth# \_\_\_\_\_  
Platform Size \_\_\_\_\_

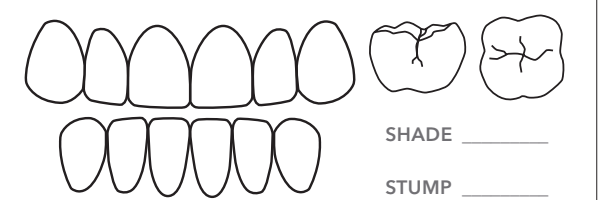
Depth of Margin Below Tissue \_\_\_\_\_  
Implant Brand \_\_\_\_\_

Lab to Order Parts  
 Dr. to Supply/Order Parts  
 Call office w/ part #'s to order  
 Order 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**

Full Ridge Lap

Modified Ridge Lap

Ovate/Conical \_\_\_\_\_ mm

Sanitary/Hygenic

**COPING DESIGN**  
 Collarless (Default)  
 Band  
 Lingual Band Only  
 Porcelain Butt Margin  
 Porcelain Margin 360  
 Full Contour Lingual  
 Full Contour Occlusal

**IF INADEQUATE CLEARANCE**  
 Out of Occlusion (200 Micron)  
 Light Occlusion (100 Micron)  
 Medium Occlusion (40 Micron)  
 Tight Occlusion (16 Micron)

**TISSUE RELIEF**  
 Light  Heavy

**DIAGNOSTIC WAXUP PREP**  
 Crown  Veneer  
 3/4 Veneer

**CONTACTS**  
 Normal  Light  
 Tight  Wide/Broad

PINK PORCELAIN

**TISSUE SHADE** \_\_\_\_\_

**WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE?**  
 Yes  No

DESIGN CROWN FOR FUTURE PARTIAL

**SMILE DESIGN**

**FORM OF CROWN DESIRED**  
 Follow Study Model  
 Match Existing  
 Make 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