

# Classic Fixed & Implant Restorations Rx

ATTN: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

Rx Date \_\_\_\_\_ Due Date \_\_\_\_\_

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

DR. NAME/ADDRESS \_\_\_\_\_ PATIENT NAME (Please Print) \_\_\_\_\_

DR. PHONE \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DNL\_200692 Classic Fixed Implant Rx

WHITE-LAB COPY / PINK-DOCTOR COPY

**800.344.7866 · DonnellDentalLab.com**

**PLEASE SEND**  
 Rx's  
 FedEx Airbills  
 UPS Airbills  
 Boxes

**FOR LAB USE**

**MATERIALS**

**ALL-CERAMIC**  
 Diamond Crown  
 Oe.max®  
 Oe.max® ZirCAD Prime  
 Oe.max® ZirCAD Multi  
 ZEUS™ Full Contour Zirconia  
 OP2Z (Porcelain to Zirconia)  
 Empress®

**PORCELAIN-FUSED-TO-METAL**  
 High Noble White  
 Semi-Precious  
 Non-Precious

**COPING DESIGN**  
 Collarless (Default)  
 Lingual Collar Only  
 Porcelain Butt Margin  
 Porcelain Margin 360

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

**INDIRECT COMPOSITE**  
 Composite  
 Fiber Reinforcement

**IMPLANTS**

Cementable  
 Screw-Retained

**CUSTOM ABUTMENT**  
 Atlantis™  
 Nobel®  
 Straumann®  
 Other \_\_\_\_\_  
 Zirconia  
 Titanium  
 TiNi/Gold Hue

**STOCK ABUTMENT**  
 Titanium  Zirconia

Tooth# \_\_\_\_\_

Platform Size \_\_\_\_\_

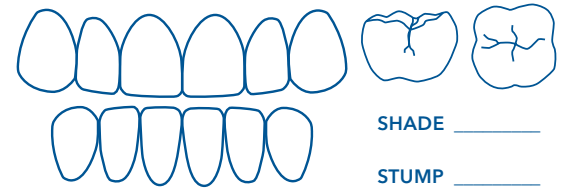
Implant Brand \_\_\_\_\_

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
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

**IF INADEQUATE CLEARANCE**  
 Reduce Opposing  
 Please Call  
 Reduction Coping

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

**TISSUE RELIEF**  
 Light  Heavy

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

**LENGTH OF CENTRALS**  
\_\_\_\_\_mm  
(from Cervical Margin of #8)

**VERTICAL INDEX (CEJ to CEJ)**  
Anterior \_\_\_\_\_mm  
Posterior (R) \_\_\_\_\_mm  
Posterior (L) \_\_\_\_\_mm

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

**DESIGN CROWN FOR FUTURE PARTIAL**

**SMILE DESIGN**

**OCCLUSAL CLEARANCE**  
 Out of Occlusion (200 Micron)  
 Light Occlusion (100 Micron)  
 Medium Occlusion (40 Micron)  
 Tight Occlusion (16 Micron)  
 Make Ideal

**OVERBITE** \_\_\_\_\_mm  
**OVERJET** \_\_\_\_\_mm

**CONTACTS**  
 Normal  Light  
 Tight  Wide/Broad

**ADDITIONAL SERVICES**

Diagnostic Wax-Up  
(Includes prep guide & temp matrix)  
 Clear Suckdown

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

NOTE: Retain pink sheet for your records and return white sheet with work to be completed. Please use blue or black ink when completing this form.