

Classic Removable Prosthetics, Orthodontics & 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 Stratos 100 Acculiner Other _____

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

COMPLETE PROSTHETICS

Complete Acrylic Denture
 Setup/Try-in
 Reset/Try-in
 Classic Finish (Default)

PARTIAL PROSTHETICS

VisiClear™
 Framework Only
 Framework w/ Bite Block
 Setup/Try-in
 Classic Finish (Default)

Vitallium®
 Framework Only
 Framework w/ Bite Block
 Setup/Try-in
 Classic Finish (Default)

Gold (Alloy Extra)
 Framework Only
 Framework w/ Bite Block
 Setup/Try-in
 Classic Finish (Default)

Dental D/Duracetal™
 Framework Only
 Framework w/ Bite Block
 Setup/Try-in
 Classic Finish (Default)

DuraFlex™
 Setup/ Wax Try-in
 Inject/Finish

Valplast®
 Setup/ Wax Try-in
 Inject/Finish

ORTHODONTICS

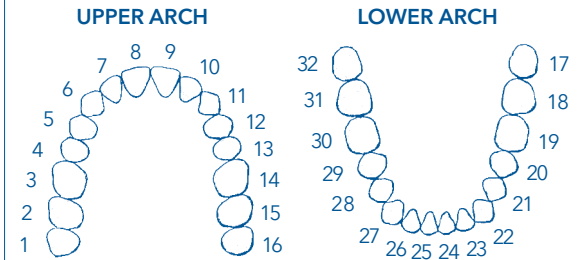
Night Guards
 Soft (Pressure Formed)
 Hard/Soft (Pressure Formed)
 Hard (Heat Cured)
 All Thermoplastic
 Combo (Hard Acrylic & Thermoplastic)

Athletic Mouthguards
 Light-Flex (Single-Layer)
 Semi-Flex (Double-Layer)
 Rigid-Pro (Triple-Layer)

Arch Development, Expansion, Opener
 Schwartz
 Two-way Sagittal
 Three-way Sagittal
 Hyrax Rapid Palatal Expander
 Haas Rapid Palatal Expander
 Lower Fixed Expander
 Bionator

Retainers, Finishers, Aligners and Space Maintainers
 Hawley
 Clear Retainer (maintain)
 Clear Retainer (shift)
 Essix Retainer
 Fixed Retainer
 Hawley Spring Aligner
 Space Maintainer
 Transpalatal Arch
 Lingual Arch
 Nance
 Bleach Tray

DESIGN AND FORM



ANTERIOR TEETH

Arrangement
 Bold Soft Straight

Mold _____

Shade _____

POSTERIOR TEETH

0° 22°
 15° 33°

Mold _____

Shade _____

PAPILLAMETER

High Lip Line _____ mm

Low Lip Line _____ mm

BITE REGISTRATION

CR Centric Relation
 Neuromuscular/Myocentric
 CO Centric Occlusion
 Other _____

TEETH OPTIONS

Macstudio
 Classic (Default)
 Other _____

IMPLANT PROSTHETICS

Monolithic ZEUS™ Zirconia Implant-Retained Prosthesis
 Layered ZEUS Zirconia Implant-Retained Prosthesis
 w/ Esthetic Temporary
 Implant Supported Overdenture
 Implant Hybrid
 Attachment Retained Denture (No Bar)
 Screw Retained Denture (No Bar)

IMPLANT REFERENCE

Tooth #	Implant Brand	Platform Size	Depth of Margin Below Tissue

Cementable Lab to Order Parts
 Screw-Retained Dr. to Supply/Order Parts
 Call office w/ part #'s to order
 Order Parts on Dr. Account

CUSTOM ABUTMENT

Atlantis™
 NobelProcera®
 Straumann®
 Other _____
 Zirconia Titanium
 TiNi/Gold Hue (Atlantis Only)
 UCLA w/ opaque

Implant Company: _____

Dr. Account #: _____

STOCK ABUTMENT

Titanium Zirconia