

Macstudio Fixed & Implant Restorations Rx

ATTN: _____ ACCOUNT#: _____

Today's Date _____ Due Date* _____

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

DOCTOR INFORMATION

Name _____

Address _____

Phone _____ Email _____

PATIENT INFORMATION

Name _____

Apointment Date _____ Sex _____ Age _____

INVENTORY SENT WITH CASE

- Impression: Upper & Lower Articulator Mounting Pref.: Photos:
- Bite Shade Tab HIP KOIS Attached
- Other: _____ Facebow Other: _____ Emailed to
lvphotos@microdental.com

INSTRUCTIONS CALL ME BEFORE PROCEEDING WITH CASE

PLEASE SEND

- Rx forms
- FedEx Airbills
- UPS Airbills
- Boxes

FOR LAB USE ONLY

Dentist's Signature (Required) _____ 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.

MATERIALS

ALL-CERAMIC

- Oe.max®
- Oe.max® ZirCAD Prime
- Oe.max® ZirCAD Multi
- OP2Z (Porcelain to Zirconia)

PORCELAIN-FUSED-TO-METAL

- High Nobel Yellow
- 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 _____

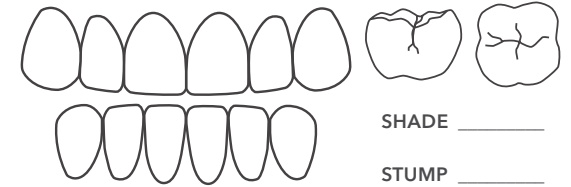
Implant Brand _____

- 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 Light Medium Heavy
- Translucency Volume Light Medium Heavy
- Lobing Light Medium Heavy
- Texture Smooth Medium Heavy

POSTERIOR OCCLUSAL CHARACTERIZATION

- Stain Color Yellow Ochre Brown Black
- Stain Placement No stain Pit Stain Pit & Fissure
- Pit, Fissure, & Groove Stain
- Hypo-Calcification Medium Heavy

PONTIC DESIGN

- Full Ridge Lap
- Modified Ridge Lap
- Ovate/
Conical _____mm
- Sanitary/Hygenic

TISSUE RELIEF

- Light Heavy

DIAGNOSTIC WAXUP PREP

- Crown Veneer
- 3/4 Veneer

PINK PORCELAIN

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

ADDITIONAL SERVICES

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

IF INADEQUATE CLEARANCE

- Reduce Opposing
- Please Call
- Reduction Coping

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

CONTACTS

- Normal Light
- Tight Wide/Broad

Night Guards

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