

**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 KOIS 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
Argen®
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

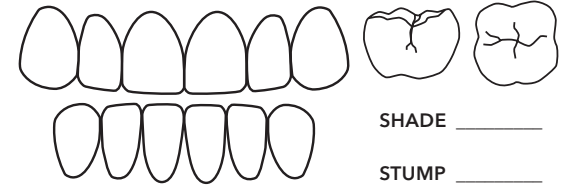
Call office w/ part #'s to order

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

OCCLUSAL CLEARANCE

Out of Occlusion (200 Micron)

Light Occlusion (100 Micron)

Medium Occlusion (40 Micron)

Tight Occlusion (16 Micron)

CONTACTS

Normal Light

Tight Wide/Broad

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