

# MACSTUDIO Removable & Implant Prosthetics Rx

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

RX Date \_\_\_\_\_ Due Date \_\_\_\_\_

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

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

DR. PHONE \_\_\_\_\_ PATIENT APPT. DATE \_\_\_\_\_

DR. EMAIL \_\_\_\_\_ SEX: M/F \_\_\_\_\_ AGE: \_\_\_\_\_

SIGNATURE OF DENTIST (Required) \_\_\_\_\_ DENTIST LICENSE# \_\_\_\_\_

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. Pursuant to the provisions of Section 11, of the Texas State Dental Practice Act, This will authorize Westbrook laboratory to construct, alter or repair the restoration described on this requisition.

DESIRED ARTICULATOR  Stratos 100  Acculiner  Other \_\_\_\_\_

If no articulator is specified, our standard Stratos 100 will be used.

## INSTRUCTIONS CALL ME (BEFORE PROCEEDING WITH CASE)

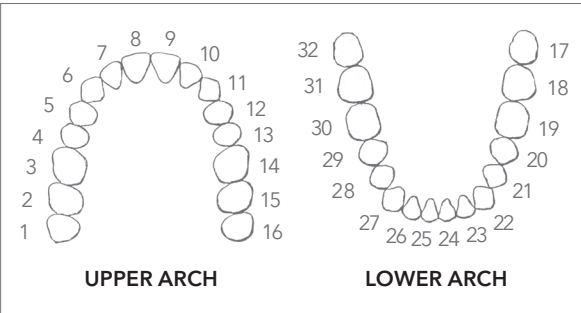
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**PLEASE SEND**  
 Rx's  
 FedEx Airbills  
 UPS Airbills  
 Boxes

**FOR LAB USE**

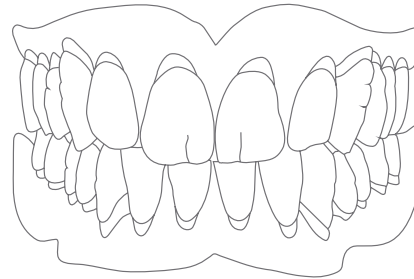
### PHOTO COMMUNICATION

- Full Face  Profile  Repose/Rest  Intra Oral  
 Photos Included  CD/Memory Stick Included  
 Images Emailed to vwestbrook@dtidental.com



### GINGIVAL BASE CHARACTERIZATION

Shade Key



Candulor Aesthetic Colors 34/53/55/57/white  
Ivocap Base Colors

- Pref Implant  Pref  US-D  US-P  US-L

### PAPILLAMETER



High Lip Line \_\_\_\_\_mm

Low Lip Line \_\_\_\_\_mm

### ANTERIOR TEETH

Mold \_\_\_\_\_

Shade \_\_\_\_\_

Arrangement

- Bold  Soft  Straight

### POSTERIOR TEETH

0°  22°

15°  33°

Mold \_\_\_\_\_

Shade \_\_\_\_\_

### ESSIX APPLIANCE

Shade \_\_\_\_\_

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

- Framework Try-In  Framework/Teeth Try-In  Finish  
 Spot Opposing  Wax Occlusal Rim on Frame

### PERSONALIZED COMPLETE PROSTHETICS

- Complete Denture  
Includes custom tray, baseplate, occlusal rim, tooth arrangement, anatomical wax gingival contours, premium denture teeth, gingival colorization, Ivocap processing, finish and polish. Billing stages include impression/records, setup, and finish.

### CAST RPD FRAMEWORK

- Wironium Framework  
 Wironium RPD

### IMPLANT PROSTHETICS

- Radiographic Stent  
 Implant Surgical Guide (Model Based)  
 Implant Surgical Guide (Computer Based)  
 Implant Retained Partial Dentures (Parts not included)  
 Implant Retained Over-dentures (Parts not included)  
 Implant Supported Over-dentures (Includes verification jig, milled bar, attachments, labor and prosthetic work, i.e. set-up, teeth and processing)  
 Implant Hybrid (Wrap around milled bar includes all prosthetic work)

### ORTHOTICS

- LVI (pressure form & buildup)  
 LVI (Ivocap injection processed)  
 LVI (acetyl resin tooth shade)

### IMPLANT RESTORATIONS

- Lab to order parts  
 Dr. to Supply/order parts  
 Request Quote  
 Request Evaluation  
 Call office w/ part #'s to order Implant Co. \_\_\_\_\_  
 Order parts on Dr. Acct # \_\_\_\_\_

### IMPLANT REFERERNC

- Implant Size \_\_\_\_\_  
Implant Brand/Type \_\_\_\_\_  
Abutment \_\_\_\_\_  
 Custom  Ceramic  Milled  
 Standard  Other \_\_\_\_\_

### BITE REGISTRATION

- CR Centric Relation  
 Neuromuscular/Myocentric  
 CO Centric Occlusion  
 Other \_\_\_\_\_

800.718.3384 · WestbrookDentalLab.com

ALL PRODUCTS MADE IN THE USA White-Lab Copy. Pink-Doctor Copy