

Classic 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 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 nyphoto@microdental.com

INSTRUCTIONS CALL ME (BEFORE PROCEEDING WITH CASE)

PLEASE SEND

- Rx's
- FedEx Airbills
- UPS Airbills
- Boxes
- Bags

FOR LAB USE

MATERIALS

ALL-CERAMIC

- Oe.max®
- Oe.max® ZirCAD Prime
- Oe.max® ZirCAD Multi
- ZZEUS™ Full Contour Zirconia
- OP2Z (Porcelain to Zirconia)
- OEmpress®

PORCELAIN-FUSED-TO-METAL

- OHigh Noble White
- OSemi-Precious
- ONon-Precious

COPING DESIGN

- OCollarless (Default)
- OLingual Collar Only
- OPorcelain Butt Margin
- OPorcelain Margin 360

FULL METAL

- O77% Yellow Gold
- O52% Yellow Gold
- O46% Yellow Gold
- O2% Yellow Gold

INDIRECT COMPOSITE

- OComposite
- OFiber Reinforcement

IMPLANTS

Package price includes chair side conversions and final prosthetics.

- OCementable
- OScrew-Retained

CUSTOM ABUTMENT

- OAtlantis™
- ONobel®
- OStraumann®
- OOther _____
- OZirconia
- OTitanium
- OTiNi/Gold Hue

STOCK ABUTMENT

- OTitanium
- OZirconia

Tooth# _____

Platform Size _____

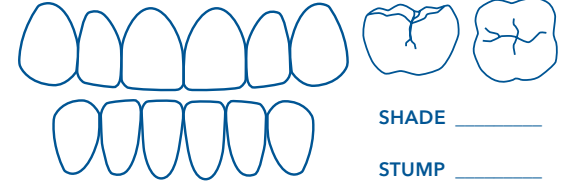
Implant Brand _____

- OLab to Order Parts
- ODr. to Supply/Order Parts
- OCall office w/ part #'s to order
- OOrder Parts on Dr. Account
- ODigital Treatment Planning
- OSurgical Guide Options
- OChrome Guided Smile

Implant Company: _____

Dr. Account #: _____

DESIGN AND FORM



SHADE _____

STUMP _____

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 OLight OMedium OHeavy
- Translucency Volume OLight OMedium OHeavy
- Lobing OLight OMedium OHeavy
- Texture OSmooth OMedium OHeavy

POSTERIOR OCCLUSAL CHARACTERIZATION

- Stain Color OYellow OChre OBrown
- Stain Placement ONo stain OPit Stain OPit & Fissure
- OPit, Fissure, & Groove Stain
- Hypo-Calcification OMedium OHeavy

PONTIC DESIGN

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

IF INADEQUATE CLEARANCE

- OReduce Opposing
- OPlease Call
- OReduction Coping

FORM OF CROWN DESIRED

- OFollow Study Model
- OMatch Existing
- OMake Ideal

TISSUE RELIEF

- OLight
- OHeavy

LENGTH OF CENTRALS

_____mm
(from Cervical Margin of #8)

DIAGNOSTIC WAXUP PREP

- OCrown
- OVeneer
- O3/4 Veneer

VERTICAL INDEX (CEJ to CEJ)

Anterior _____mm
Posterior (R) _____mm
Posterior (L) _____mm

OPINK PORCELAIN

TISSUE SHADE _____

ODESIGN CROWN FOR FUTURE PARTIAL

MIDLINE SHIFT

R _____mm L _____mm

SMILE DESIGN

OVERBITE _____mm

OCCLUSAL CLEARANCE

- OOut of Occlusion (200 Micron)
- OLight Occlusion (100 Micron)
- OMedium Occlusion (40 Micron)
- OTight Occlusion (16 Micron)
- OMake Ideal

OVERJET _____mm

CONTACTS

- ONormal
- OLight
- OTight
- OWide/Broad

ADDITIONAL SERVICES

- ODiagnostic Wax-Up (Includes prep guide & temp matrix)
- OClear Suckdown

Night Guards

- OSoft (Pressure Formed)
- OHard/Soft (Pressure Formed)
- OHard (Heat Cured)
- OAll Thermoplastic
- OCombo (Hard Acrylic & Thermoplastic)