

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
- Fiber Reinforcement

IMPLANTS

Package price includes chair side conversions and final prosthetics.

- Cementable
- Screw-Retained

CUSTOM ABUTMENT

- OAtlantis™
- ONobel®
- OStraumann®
- OOther _____
- Zirconia
- Titanium
- TiNi/Gold Hue

STOCK ABUTMENT

- OTitanium
- OZirconia

Tooth# _____

Platform Size _____

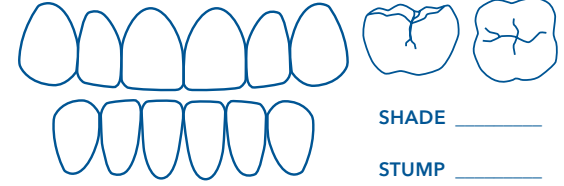
Implant Brand _____

- Lab to Order Parts
- Dr. to Supply/Order Parts
- Call office w/ part #'s to order
- Order Parts on Dr. Account
- Digital Treatment Planning
- Surgical Guide Options
- Chrome Guided Smile

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
- 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

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)

Classic Removable Prosthetics, Orthodontics & Implant Restorations Rx

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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 nyphoto@microdental.com

INSTRUCTIONS CALL ME (BEFORE PROCEEDING WITH CASE)

PLEASE SEND
 ORx's
 FedEx Airbills
 UPS Airbills
 Boxes
 Bags

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

Clearflex®
 Framework Only

ORTHODONTICS

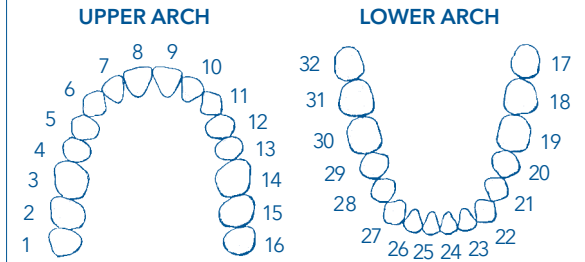
Night Guards
 Soft (Pressure Formed)
 Hard/Soft (Pressure Formed)
 Hard (Heat Cured)
 All Thermoplastic
 Combo (Hard Acrylic & Thermoplastic)
 Armor EZ Fit

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)

Package price includes chair side conversions and final prosthetics.

IMPLANT REFERENCE

Tooth #	Implant Brand	Platform Size	Depth of Margin Below Tissue

Cementable
 Screw-Retained

CUSTOM ABUTMENT

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

STOCK ABUTMENT

Titanium Zirconia

Lab to Order Parts
 Dr. to Supply/Order Parts
 Call office w/ part #'s to order
 Order Parts on Dr. Account
 Digital Treatment Planning
 Surgical Guide Options
 Chrome Guided Smile

Implant Company: _____

Dr. Account #: _____