

Classic Fixed & Implant Restorations Rx

ATTN: _____ ACCOUNT#: _____

Rx Date _____ Due Date _____

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

DR. NAME/ADDRESS _____ PATIENT NAME (Please Print) _____

DR. PHONE _____

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 will be used.

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)

DNL_200692 Classic Fixed Implant Rx

WHITE-LAB COPY / PINK-DOCTOR COPY

800.344.7866 · DonnellDentalLab.com

PLEASE SEND
 Rx's
 FedEx Airbills
 UPS Airbills
 Boxes

FOR LAB USE

MATERIALS

ALL-CERAMIC
 Diamond Crown
 Oe.max®
 Oe.max® ZirCAD Prime
 Oe.max® ZirCAD Multi
 ZEUS™ Full Contour Zirconia
 OP2Z (Porcelain to Zirconia)
 Empress®

PORCELAIN-FUSED-TO-METAL

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 _____

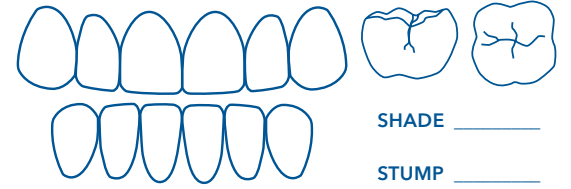
Implant Brand _____

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
Stain Placement No stain Pit Stain Pit & Fissure
 Pit, Fissure, & Groove Stain
Hypo-Calcification Medium Heavy

PONTIC DESIGN

Full Ridge Lap
 Modified Ridge Lap

FORM OF CROWN DESIRED

Ovate/
Conical _____mm
 Sanitary/Hygenic

TISSUE RELIEF

Light Heavy

DIAGNOSTIC WAXUP PREP

Crown Veneer
 3/4 Veneer

TISSUE SHADE _____

PINK PORCELAIN

DESIGN CROWN FOR FUTURE PARTIAL

SMILE DESIGN

R _____mm L _____mm

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

NOTE: Retain pink sheet for your records and return white sheet with work to be completed. Please use blue or black ink when completing this form.