

# Classic Removable Prosthetics, Orthodontics & 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**  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 photos@microdental.com

**INSTRUCTIONS**  CALL ME (BEFORE PROCEEDING WITH CASE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**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

**ORTHODONTICS**

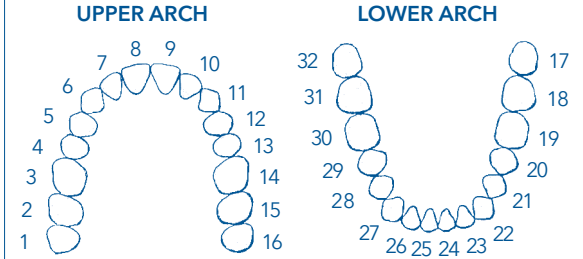
**Night Guards**  
 Soft (Pressure Formed)  
 Hard/Soft (Pressure Formed)  
 Hard (Heat Cured)  
 All Thermoplastic  
 Combo (Hard Acrylic & Thermoplastic)

**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)

**IMPLANT REFERENCE**

Tooth #	Implant Brand	Platform Size	Depth of Margin Below Tissue

Cementable  
 Screw-Retained  
 Lab to Order Parts  
 Dr. to Supply/Order Parts  
 Call office w/ part #'s to order  
 Order Parts on Dr. Account

**CUSTOM ABUTMENT**

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

Implant Company: \_\_\_\_\_

Dr. Account #: \_\_\_\_\_

**STOCK ABUTMENT**

Titanium  Zirconia

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.