

# DONNELL

A MICRODENTAL LABORATORY

101 Whitehall Drive · O'Fallon, IL 62269  
P 800.344.7866 · 618.632.7866 · F 618.632.7985  
DonnellDentalLab.com

## Ivotion Rx

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

Today's Date \_\_\_\_\_ Due Date\* \_\_\_\_\_

\* FOR DELIVERY BY 5PM. If no due date is assigned, a standard MicroDental due date will be applied.

### DOCTOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_

Appointment Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

#### INVENTORY SENT WITH CASE

- Impression: Upper & Lower
- Impression: Upper
- Impression: Lower
- Bite
- Other: \_\_\_\_\_
- Articulator
- Shade Tab
- Facebow
- Photos:
- Attached
- Emailed to photos@microdental.com

### INSTRUCTIONS CALL ME BEFORE PROCEEDING WITH CASE

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

#### PLEASE SEND

- Rx forms
- FedEx Airbills
- UPS Airbills
- Boxes

#### FOR LAB USE ONLY

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

► Fill out, save as PDF, and use your "Attach Files" feature in your IOS software to attach and send Rx with scan files.

Dentist's Signature (Required) \_\_\_\_\_ 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.

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### WORKFLOW

- Denture
- Partial
- Overdenture
- Copy Denture
- Duplicate Denture
  - Return Existing Denture (if no IOS)
- Reference Denture
- Monobloc Trial Denture
- Immediate Denture

### ADDITIONAL SERVICES

- Impression Tray
- Bite Plate & Wax Occlusion Rim

### JAW SELECTION

- Maxillary
- Mandibular

### IMPRESSION TYPE

- Traditional Impression
- IOS Scan

### IMPLANTS

#### Ivotion Implant Prosthetic

- Implant-Retained
- Stud \_\_\_\_\_
- Implant-Supported
- Bar \_\_\_\_\_

### PARTIAL (Select the missing teeth)

#### 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

### SHADE (Select the correct shade)

A1	A2	A3	A3.5	BL3	B1	C1	C2	C3	C4
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### GINGIVAL SHADE

Preference (Pink)  OUS-D (Dark)

### SHAPE (Type)

### ALAMETER (Tooth Size)

Small  Medium  Large

### DENTURE GAUGE

Vertical \_\_\_\_\_ mm  
Horizontal \_\_\_\_\_ mm

### PAPILLAMETER

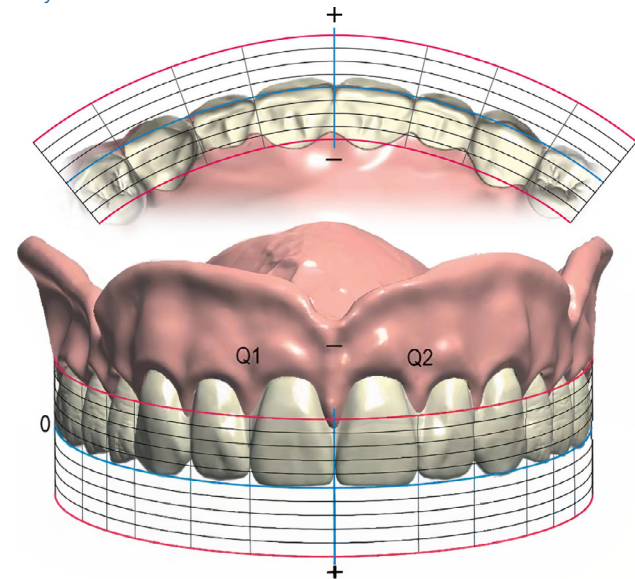
Vertical \_\_\_\_\_ mm

### Ivotion Implant Parts

System \_\_\_\_\_ Implant Sites \_\_\_\_\_  
Diameter \_\_\_\_\_  
Lab to Order:  Yes  No

### V-DIAGRAM

Please enter any desired modifications for the next step (try-in/definitive denture) here. Mark desired modifications of the Incisal length or vertical position for each individual anterior tooth. Please click directly on the lines.



Grid Vertical Line = 1mm