

**Macstudio Fixed & Implant Restorations 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 \_\_\_\_\_

Apointment Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**INVENTORY SENT WITH CASE**

- Impression: Upper & Lower  Articulator  Mounting Pref.:  Photos:
- Bite  Shade Tab  HIP  KOIS  Attached
- Other: \_\_\_\_\_  Facebow  Other: \_\_\_\_\_  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**

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.



**MATERIALS**

- ALL-CERAMIC**  
 Oe.max®  
 Oe.max® ZirCAD Prime  
 Oe.max® ZirCAD Multi  
 OP2Z (Porcelain to Zirconia)

**PORCELAIN-FUSED-TO-METAL**

- High Nobel Yellow
- 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 \_\_\_\_\_

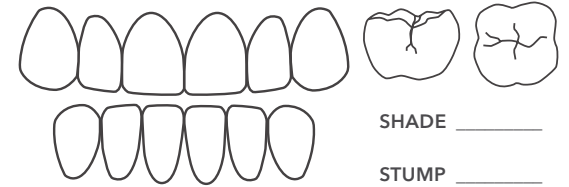
Implant Brand \_\_\_\_\_

- 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  Black
- 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

**TISSUE RELIEF**

- Light  Heavy

**DIAGNOSTIC WAXUP PREP**

- Crown  Veneer
- 3/4 Veneer

**PINK PORCELAIN**

TISSUE SHADE \_\_\_\_\_

**DESIGN CROWN FOR FUTURE PARTIAL**

**SMILE DESIGN**

**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

**IF INADEQUATE CLEARANCE**

- Reduce Opposing
- Please Call
- Reduction Coping

**FORM OF CROWN DESIRED**

- Follow Study Model
- Match Existing
- Make Ideal

**LENGTH OF CENTRALS**

\_\_\_\_\_mm  
(from Cervical Margin of #8)

**VERTICAL INDEX (CEJ to CEJ)**

Anterior \_\_\_\_\_mm  
Posterior (R) \_\_\_\_\_mm  
Posterior (L) \_\_\_\_\_mm

**MIDLINE SHIFT**

R \_\_\_\_\_mm L \_\_\_\_\_mm

**OVERBITE** \_\_\_\_\_mm

**OVERJET** \_\_\_\_\_mm

**CONTACTS**

- Normal  Light
- Tight  Wide/Broad

**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.