

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 _____

INCLUDED WITH CASE

- Scans from IOS _____ (Trios, Medit, iTero, etc.)
- Photos sent to: microdentalnw@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

CERAMIC / ZIRCONIA

- e.max® Layered
- e.max® Monolithic
- ZEUS™ Ultra
- ZEUS

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

- 58% Yellow
- 20% Yellow

PMMA TEMPORARY

IMPLANTS

- Cementable
- Screw-Retained

CUSTOM ABUTMENT

- 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: _____

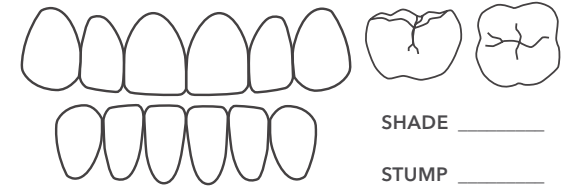
Dr. Account #: _____

DIAGNOSTIC KIT (Include prep guide & temp matrix)

PREPARATION TYPE Crown Veneer 3/4 Veneer

SMILE DESIGN Clear suckdown

DESIGN AND FORM



SHADE _____

STUMP _____

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 | <input type="checkbox"/> Light | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| Translucency Volume | <input type="checkbox"/> Light | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| Lobing | <input type="checkbox"/> Light | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| Texture | <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |

POSTERIOR OCCLUSAL CHARACTERIZATION

| | | | | |
|--------------------|---|------------------------------------|--|--------------------------------|
| Stain Color | <input type="checkbox"/> Yellow | <input type="checkbox"/> Ochre | <input type="checkbox"/> Brown | <input type="checkbox"/> Black |
| Stain Placement | <input type="checkbox"/> No stain | <input type="checkbox"/> Pit Stain | <input type="checkbox"/> Pit & Fissure | |
| | <input type="checkbox"/> Pit, Fissure, & Groove Stain | | | |
| Hypo-Calcification | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy | | |

PONTIC DESIGN

- Full Ridge Lap
- Modified Ridge Lap
- Ovate/Conical _____mm
- Sanitary/Hygenic

TISSUE RELIEF

Light Heavy

PINK PORCELAIN

TISSUE SHADE _____

DESIGN CROWN FOR FUTURE PARTIAL

OCCLUSAL CLEARANCE

- Out of Occlusion (200 Micron)
- Light Occlusion (100 Micron)
- Medium Occlusion (40 Micron)
- Tight Occlusion (16 Micron)
- Make Ideal

CONTACTS

- Normal Light
- Tight Wide/Broad

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