

Macstudio 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
MicroDental due date will be applied.

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

DR. PHONE _____ PATIENT APPOINTMENT DATE _____

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 Stratos 100 will be used.

MOUNTING PREFERENCE HIP KOIS Other _____

PHOTO COMMUNICATION Full Face Profile Repose/Rest Intraoral
Photos Attached CD/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
Finish

PARTIAL PROSTHETICS

VisiClear™
Framework Only
Framework w/ Bite Block
Setup/Try-in
Finish

Wironium®
Framework Only
Framework w/ Bite Block
Setup/Try-in
Finish

Gold (Alloy Extra)
Framework Only
Framework w/ Bite Block
Setup/Try-in
Finish

Dental D/Duracetal™
Framework Only
Framework w/ Bite Block
Setup/Try-in
Finish

All Macstudio Prostheses come with a Macstudio finish. Includes complimentary gingival base characterization.

ORTHODONTICS

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

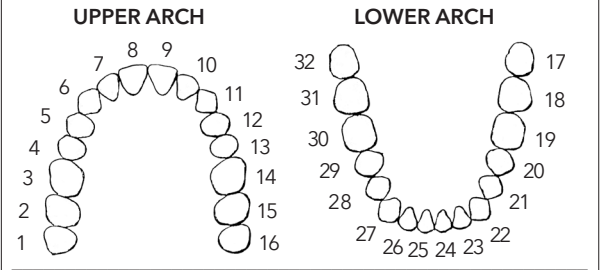
Athletic Mouthguards
Light-Flex (Single-Layer)
Semi-Flex (Double-Layer)
Rigid-Pro (Triple-Layer)

Orthotics
Pressure form and build up
Ivocap injection processed clear
Acetyl resin tooth shade

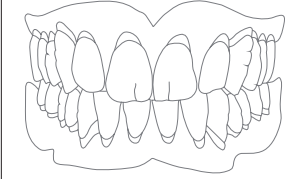
Arch Development, Expansion, Opener
Schwartz
Two-way Sagittal
Three-way Sagittal
Hyrax Rapid Palatal Expander
Haas Rapid Palatal Expander
Power Fixed Expander
Bionator

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



GINGIVAL BASE CHARACTERIZATION (Shade Key)



Candolor Aesthetic Colors
34/53/55/57/white

Ivocap Base Colors
Pref Implant Pref
OUS-D OUS-P OUS-L

ANTERIOR TEETH

Arrangement
Bold Soft Straight
Mold _____
Shade _____

PAPILLAMETER

High Lip Line _____mm
Low Lip Line _____mm

POSTERIOR TEETH

0° 22°
15° 33°
Mold _____
Shade _____

BITE REGISTRATION

CR Centric Relation
Neuromuscular/Myocentric
CO Centric Occlusion
Other _____

TEETH OPTIONS

Macstudio
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
Argen®
Atlantis™
NobelProcera®
Straumann®
Other _____
Zirconia Titanium
TiNi/Gold Hue (Atlantis Only)
UCLA w/Opaque

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.