

Crown & Bridge 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
- Photos:
- Bite
- Shade Tab
- Attached
- Other: _____
- Facebow
- Emailed to mdvancouver@microdental.com

INSTRUCTIONS CALL ME BEFORE PROCEEDING WITH CASE DIAGNOSTIC WAX-UP

PLEASE SEND

- Rx forms
- Bags
- Waybills
- Boxes

RETURN FOR

- Bisque Bake Try-In
- Die Trim
- Evaluation
- Finish
- Metal Try-In
- Wax Check

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.



SHADE _____ STUMP _____

AMOUNT OF TRANSLUCENCY

- Light
- Medium
- Heavy

VALUE

- Bright
- Medium
- Low

MIDLINE SHIFT

R _____ MM L _____ MM

_____ MM

Length of centrals from cervical margin

- Close Diastema

CIRCLE TEETH NUMBERS

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28



48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

METAL

- High Noble Yellow
- High Noble White
- Semi-Precious
- Non-Precious

OCCUSION

- Metal
- Porcelain

LATERAL EXCURSION

- Cuspid Guidance
- Group Function

LABIAL MARGIN

- Fine metal collar on tooth # _____
- Lingual Metal Collar on tooth # _____
- Porcelain Butt Margin on tooth # _____
- Porcelain to Margin on tooth # _____

HAVE YOU INCLUDED THE FOLLOWING

- Impression
- Bite
- Opposing Model
- Pre-op Study Model
- Shade

PHOTO COMMUNICATION

- Full Face
- Profile
- Repose/Rest
- Intra Oral

OCCUSAL STAINING

- None
- Light
- Medium
- Dark
- Hypo-calcification
- Shade tab enclosed

MOLD OF CROWN DESIRED

- Follow study model
- Match existing
- Make ideal

SURFACE ANATOMY

- Smooth
- Textured
- Mamelon development
- Match existing

PONTIC DESIGN

- Harmony
- Ovate
- Ridge Lap
- Cone
- Hygienic

PONTIC TISSUE RELIEF

- Yes, mm deep _____
- No

CONTACTS

- Broad
- Normal
- Point

OCCUSAL CLEARANCE

- Positive Contact
- Cusp Fossa
- Out of Occlusion
- Foil Relief

IF INSUFFICIENT ROOM

- Reduce and Mark
- Metal Occlusion
- Reduction Coping
- Please Call