

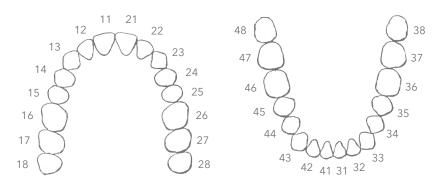
200-3689 East 1st Ave. Vancouver, BC V5M 1C2 P800.561.0926 · 604.873.0888 · F604.876.0860 mdvancouver@microdental.com

# Removable, Implant, & Orthodontic 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** Age **INVENTORY SENT WITH CASE** O Impression: Upper & Lower O Articulator O Photos: O Shade Tab O Bite Attached O Other:\_\_\_\_ O Facebow O Emailed to mdvancouver@microdental.com INSTRUCTIONS O CALL ME BEFORE PROCEEDING WITH CASE O DIAGNOSTIC WAX-UP **PLEASE SEND** O Rx forms O Bags O Waybills O 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.

 $800.561.0926 \text{ white-lab copy/pink-doctor copy} \\ @2022 \text{ mdlvan } 220116 \\$ 

## **DESIGN CASE HERE**



## **CAST PARTIAL UPPER**

- O Full Metal Palate
- O Horseshoe Palate
- O Window Palate
- O Lab Select

#### LOWER

**UPPER ARCH** 

- O Swing Lock
- O Lingual Plate
- O Lingual bar
- O D-E Hinge
- O Lab Select

#### **CLASP TYPE**

O Cast

**LOWER ARCH** 

- O Gold
- O SS Wire

#### **VISICLEAR**

- Essentials
- Macstudio

## **ANTERIOR TEETH**

Mold

Shade

## Arrangement

O Bold O Soft O Straight

## **CHECKLIST**

OMidline marked OHigh lipline marked

## **DESIRED ARTICULATOR**

OStratos 100 OAcculiner

OOther

If no articulator is specified. our standard will be used.

## **POSTERIOR TEETH**

○ 0° ○ 22° ○ 20° O 15° O 33° O 30°

Shade \_\_\_\_\_

## **BITE REGISTRATION**

- O Neuromuscular/Myocentric
- O CO Centric Occlusion

- O Framework Try-In
- O Framework/Teeth Try-In
- O Wax Occlusal Rim on Frame

## **APPLIANCES**

- O Name on Appliance
- O Bleaching Tray
- O Mouthguard Hard
- Mouthquard Hard/Soft
- O Thermoplastic
- O Orthotic (Fixed)
- O Orthotic (Removable)
- O Surgical Stent
- O Clear Template
- O Radiographic Stent

- O CR Centric Relation

- O Other

- Finish
- O Spot Opposing