

Removable Rx

Attention _____ Case # _____
Today's Date _____ Due Date _____

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 MDLHamilton@microdental.com

INSTRUCTIONS CALL ME BEFORE PROCEEDING WITH CASE

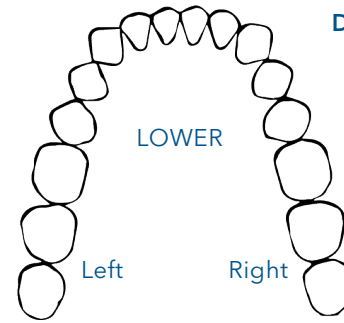
PLEASE SEND

- Rx forms
- Waybills
- Bags
- Boxes

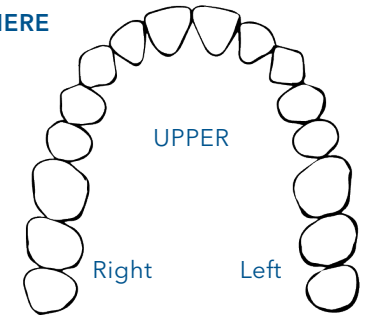
FOR LAB USE ONLY

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.



DESIGN CASE HERE



Cast Partial Upper

- Full metal palate
- Horseshoe palate
- Window palate
- Lab select

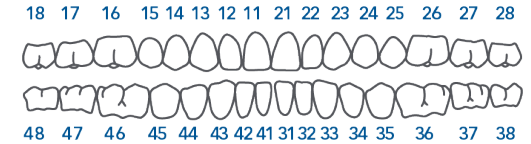
Lower

- Swing Lock
- Lingual palate
- Lingual bar
- D-E hinge
- Lab select

Clasp Type

- Cast
- Gold
- SS Wire

CIRCLE TEETH NUMBERS:



UPPER

Anterior

- Bioform IPN
- Vita
- Shade _____

Posterior

- Bioform IPN
- Vita
- Shade _____
- Twenty degrees (20°)

Acrylic

- Fibered Pink
- 199
- Dark
- Other

LOWER

- Portrait
- Other _____
- Ivoclar
- Mold _____

- Portrait
- Other _____
- Rational
- Thirty degrees (30°)
- Ivoclar
- Mold _____
- Functional

- Full denture
- Bite block
- Acrylic tray
- Reline
- Soft Reline
- Bleaching tray
- Immediate Denture
- Acrylic Partial
- Rebase
- Processed splint
- Mouthguard
- Surgical stent

Nightguards

- Hard
- Hard-soft
- Name in appliance
- Thermoplastic