MICRODENTAL
a dti laboratory
DUBLIN·CALIFORNIA

5601 Arnold Road · Dublin, CA · 94568
P800 229 0936 · F925 828 0153

Porcelain-Fused-to-Metal & All-Ceramic Rx

ATTN: _____ **ACCOUNT#:** _____

RX Date _____ **Due Date** _____

NOTE: If no due date is assigned, a standard MicroDental due date will be applied.

DR. NAME/ADDRESS _____ PATIENT NAME _____

DR. PHONE _____ SEX: M/F AGE: _____

SIGNATURE OF DENTIST _____ DENTIST LICENSE# _____

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.

DESIRED ARTICULATOR _____
If no articulator is specified, our standard will be used.

WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE? ❍YES ❍NO

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

PORCELAIN-FUSED-TO-METAL
❍Semi-Precious (Zero Gold Content)
❍High Noble White (Med. Gold Content)
❍High Noble Yellow (High Gold Content)
❍Captek

ALL METAL
❍Gold Crown
❑ Med. Gold Content
❑ High Gold Content
❍Inlay/Onlay
❑ Med. Gold Content
❑ High Gold Content

IF INADEQUATE CLEARANCE
❍Reduce Opposing
❍Please Call
❍Reduction Coping
❍**Design Crown for future partial**

METAL DESIGN
❍Collarless (used unless otherwise specified)
❍Metal Band
❍Lingual Band Only
❍Porcelain Butt Margin
❍Metal Lingual
❍Metal Occlusal

PONTIC DESIGN
❍ Ovate
_____mm
❍ Full Lap
❍ Modified Ridge

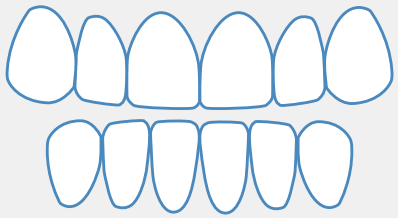
PLEASE SEND
❍Rx's
❍FedEx Airbills
❍UPS Airbills
❍Boxes

FOR LAB USE ONLY

CHARACTERIZATION CHART

POSTERIOR OCCLUSAL

Stain Color	❍C-7	❍C-8	❍C-9	❍C-10
Stain Placement	❍S-1	❍S-2	❍S-3	❍S-4
Hypo-Calcification	❍H-5	❍H-6		



ANTERIOR

Translucency Intensity	❍I-2	❍I-3	❍I-4
Translucency Volume	❍V-5	❍V-6	❍V-7
Lobing	❍L-8	❍L-9	❍L-10
Texture	❍T-11	❍T-12	❍T-13

STUMP _____

SHADE _____

ALL-CERAMIC
❍IPS Empress®
❍IPS e.max™

REINFORCED ALL-CERAMIC
❍P2Z™ (Porcelain to Zirconia)
❍Procera®
❍Lava™

INDIRECT COMPOSITE
❍belleGlass™ HP
❑ with Vectris™
❍Sinfony™
❑ with Vectris™

❍**Diagnostic Wax-Up**
❍**Soft Tissue Model**
❍**Matrix for Temps**

Length of Centrals
_____ mm (from Cervical Margin of #8)

INSTRUCTIONS

❍ **CALL ME (BEFORE PROCEEDING WITH CASE)**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

800 229 0936 · Fax 925 828 0153

WHITE-LAB COPY
PINK-DOCTOR COPY

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.
091002_MDLCA_PFM_and_ACR_Rx