

Removable Rx

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 OttawaPhotos@microdental.com

INSTRUCTIONS CALL ME BEFORE PROCEEDING WITH CASE

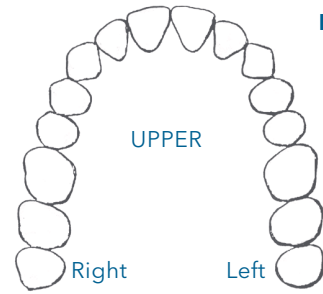
PLEASE SEND

- Rx forms
 Waybills
 Bags
 Boxes

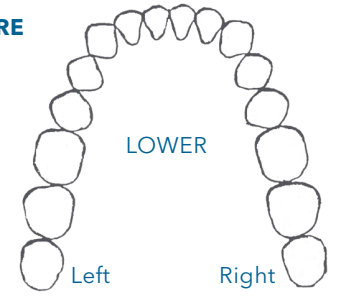
FOR LAB USE ONLY

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

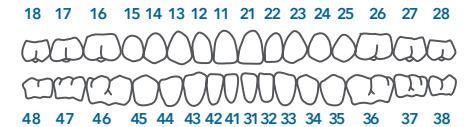
Lower

- Lingual plate
 Lingual bar
 Lab select

Clasp Type

- Cast
 Gold
 Wrought wire

CIRCLE TEETH NUMBERS:



UPPER

Dentures

- Full Denture
 Acrylic Partial
 Flexible Partial
 VisiClear Partial
 Cast Partial Framework

LOWER

Additional Services

- Custom Tray
 Bite block
 Set-up for try-in
 Process & finish
 Frame try-in
 Frame with bite block

Shade _____

Checklist

- Midline marked High lipline marked

NOTES

