



**MICRODENT**  
DENTAL LABORATORY, INC.

Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female

Due Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Try-In  Finish  Rush Job (extra cost)

Contact:

T (301) 519.0034 | F (301) 519.0440  
info@microdentlab.com  
www.microdentlab.com

604 S Frederick Ave #307,  
Gaithersburg, MD 20877

<input type="checkbox"/> Crown/ Partial Crown  <input type="checkbox"/> Bridge  <input type="checkbox"/> Full Denture  <input type="checkbox"/> RPD  <input type="checkbox"/> Implant  <input type="checkbox"/> Coping  <input type="checkbox"/> Appliance	<b>Tooth #</b> _____ 	<b>Shade</b> _____ 
---	--------------------------	------------------------

**Description & Instructions**

**Abutment Emergence Profile**

Surgical Placement  Tissue Displacement

No Tissue Displacement

**Interproximal Contact**

No Contact  Pinpoint Contact

Medium Contact  Broad Contact

**Occlusal Contact**

In Occlusion  Light Occlusion  Out of Occlusion

**Occlusal Stain**

**Embrasure**

Closed Embrasure  Open Embrasure

<b>Crown &amp; Bridge</b> <input type="checkbox"/> Zirconia (Bruxzir) <input type="checkbox"/> Porcelain Fused Metal (HN) <input type="checkbox"/> Metal Cast (Gold) <input type="checkbox"/> Zirconia (Katana) <input type="checkbox"/> Porcelain Fused Metal (N) <input type="checkbox"/> Metal Cast (Telescope) <input type="checkbox"/> E.MAX Press <input type="checkbox"/> E.MAX Milled <input type="checkbox"/> Porcelain Fused Metal (NP) <input type="checkbox"/> Temporary (PMMA)		
<b>Partial Crown</b> <input type="checkbox"/> Inlay <input type="checkbox"/> E.MAX <input type="checkbox"/> Onlay <input type="checkbox"/> Gold <input type="checkbox"/> Post & Core <input type="checkbox"/> Zirconia	<b>Implant</b> <input type="checkbox"/> Abutment (Authentic) <input type="checkbox"/> Screw Retained <input type="checkbox"/> Abutment (In-House Milled) <input type="checkbox"/> Surgical Guide <input type="checkbox"/> Abutment (3i Encode)	
<b>Full Denture</b> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Reline <input type="checkbox"/> Bite Block <input type="checkbox"/> Repair <input type="checkbox"/> Set up <input type="checkbox"/> Duplicate <input type="checkbox"/> Finish <input type="checkbox"/> Immediate	<b>RPD</b> <input type="checkbox"/> Set Up <input type="checkbox"/> Acrylic <input type="checkbox"/> Finish <input type="checkbox"/> Metal Frame <input type="checkbox"/> Nesbit <input type="checkbox"/> Duraflex <input type="checkbox"/> Flipper <input type="checkbox"/> Metal Frame with Duraflex	<b>Coping</b> <input type="checkbox"/> Single <input type="checkbox"/> Metal <input type="checkbox"/> Framework <input type="checkbox"/> Zirconia  <b>Appliance</b> <input type="checkbox"/> Night Guard

Signature

X \_\_\_\_\_

