



**MACSTUDIO LOCATIONS**  
 5601 Arnold Road · Dublin, CA · 94568  
 1401 Hillshire Dr, Ste. 110 · Las Vegas, NV · 89134  
 1638 West 3rd Ave. · Vancouver, BC · V6J 1K2

## MACSTUDIO NEUROMUSCULAR ORTHOTIC RX

RX DATE	DUE DATE
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ALL PRODUCTS MADE IN THE USA

FOR DELIVERY BY 5PM.  
 NOTE: If no due date is assigned, a standard MicroDental due date will be applied.

DR. NAME	PATIENT APPT. DATE
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DR. ADDRESS	PATIENT NAME
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CITY, STATE, ZIP	SEX: M / F	AGE
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DR. PHONE	DR. EMAIL
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SIGNATURE OF DENTIST (required)	DENTIST LICENSE#
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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. Pursuant to the provisions of Section 11, of the California State Dental Practice Act, This will authorize MicroDental laboratory to construct, alter or repair the restoration described on this requisition.

**DESIRED ARTICULATOR**    LVI Stratos    Acculiner    Other \_\_\_\_\_  
 If no articulator is specified, our standard Stratos 100 will be used.

<input type="radio"/> Full Arch or <input type="radio"/> Teeth#s _____	<input type="radio"/> Patient is in Pain <input type="checkbox"/> Yes <input type="checkbox"/> No
Target Date _____	<input type="radio"/> Patient is Transitioning to a Full Mouth <input type="checkbox"/> Yes <input type="checkbox"/> No

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**FOR LAB USE**

DUBLIN, CALIFORNIA // 800.229.0936 // photos@microdental.com  
 LAS VEGAS, NEVADA // 800.933.6838 // photos\_LV@microdental.com  
 VANCOUVER, BC // 800.561.0926 // photos\_VAN@microdental.com

Please copy and scan for your records.

### TYPE OF ORTHOTIC

- LVI "WAXED-UP" FIXED ORTHOTIC
    - Upper Teeth # \_\_\_\_\_
    - Lower Teeth # \_\_\_\_\_
  - NEUROMUSCULAR ANATOMIC REMOVABLE ORTHOTIC
    - No Clasps or Wire
    - Wire Reinforcement
    - Ball Clasps
    - Wire Reinforcement w/ Ball Clasp
    - Flat Plane Night Guard
  - NEUROMUSCULAR ANATOMIC PHASE II ORTHOTIC
    - belleGlass™, Sinfony™ or Cristobal w/ Vectris
    - Prefabricated Acrylic Fixed Orthotic
- Shade \_\_\_\_\_

### QUICK CHECKLIST

- TENS Bite
- MYO Bite
- Swallow Bite
- CO
- Upper Impression (PV)
- Lower Impression (PV)
- Upper Model HIP \_\_\_\_
- Lower Model HIP \_\_\_\_
- K7 Scans
- Photos
- Emailed Correspondence
- Other \_\_\_\_\_

### ORTHOTICS

- LVI (Pressure Form & Buildup)
- LVI (Ivocap Injection Processed Clear)
- LVI (Acetyl Resin Tooth Shade)

TYPE OF BITE REGISTRATION (Circle One)		TENS Bite	MYO Bite	Other
		Post Right	Anterior	Post Left
Two teeth the Vertical Index is measured from:				
Max. central width (mm)				
LVI Golden Vertical (mm)				
Change in Vertical measurements <input type="radio"/> No Change				
	Date			
Doctor	Habitual			
Doctor	Bite Registration			
Lab	Bite Stint			
Lab	Diagnostic Wax Up			
Doctor	New Bite Registration			
Lab	New Bite Stint			
	Were tissues recontoured Yes/No			
Doctor	Final Bite Stint			
Doctor	Temporaries (Last Step-Day of Prep)			
Lab	Mounting Check			
Lab	Final Restorations on Model Check			
Doctor	Temporaries (First Step-Day of Seat)			
Doctor	Try-In			
Doctor	Final Intra Oral Check			