

All products are manufactured in the Midwest Dental Arts facility. There is no outsourcing to China! Everything is made in the USA!

4 LOCATIONS: **SWISHER, IA**      **PALM BAY, FL**      **BRISTOL, CT**      **SARASOTA, FL**  
 FIXED & IMPLANTS      FIXED, IMPLANTS, HYBRIDS & REMOVABLE      REMOVABLE      REMOVABLE & HYBRIDS  
 319-857-4030      321-426-7723      860-506-0600      941-312-6048

FOR PRESCRIPTIONS RELATED TO YOUR SPECIFIC CASE, PLEASE VISIT [www.MidwestDentalArts.com](http://www.MidwestDentalArts.com)

PATIENT'S NAME \_\_\_\_\_  
 DOCTOR'S NAME / LOCATION \_\_\_\_\_ APPT. DATE / APPT. TIME \_\_\_\_\_

**LAYERED:**

- PRESSED GLASS CERAMICS    MILLED GLASS CERAMICS    PFM    ZIRCONIA

**FULL CONTOUR (STAIN):**

- PRESSED GLASS CERAMICS    MILLED GLASS CERAMICS    ZIRCONIA

- PFM/FC ALLOY:**    NON PRECIOUS    NOBLE    HIGH NOBLE

**OCCUSAL ANATOMY:**

- WORN    LIGHT    COPY EXISTING    EXAGGERATED (virgin moderate/heavy)

**PONTIC DESIGN:**

- RIDGE RELIEF:    SCRAPE    SOCKET    NONE

- FULL RIDGE    PARTIAL RIDGE    NO RIDGE    NO CONTACT    POINT CONTACT



**FRAMEWORK DESIGN:**



- LINGUAL METAL BAND:    0.5    1.0    2.0

- FACIAL METAL BAND:    0.3    0.5    1.0

- NO FACIAL METAL

- NO COLLAR 360°

- PORCELAIN SHOULDER

- BUCCAL

- 360°

- CROWN / FIT PARTIAL

- METAL OCCLUSAL / LINGUAL

- REST

**REMOVABLE:**

**PARTIALS**

- ACRYLIC

- METAL

- FLEXI

- GRADIA / STG REQUEST

- CLEAR PALATE DENTURE

- FLEXI CLASPS

- CLEAR

- PINK

- TOOTH COLOR

RETURN FOR    MOUNTING    DIE TRIM    METAL TRY-IN    BISQUE BAKE CHECK

**ENCLOSED IMPLANT PARTS**

IMPLANT SYSTEM \_\_\_\_\_ IMPLANT PLATFORM \_\_\_\_\_

**IMPLANT DESIGN:**

- SCREW RETAINED

- CUSTOM ABUTMENT

- SCREWMENTATIONS

(CUSTOM ABUTMENT & SCREW ACCESS HOLE)

**ABUTMENT TYPE:**

- ZIRCONIA

- TITANIUM

**\*We do NOT lute lithium disilicate implant crowns.**

**FOR LAB USE**

- |                                       |   |  |                                       |
|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> ABUTMENT     | <input type="checkbox"/> DIE              | <input type="checkbox"/> IMPRESSION POST   | <input type="checkbox"/> PHOTOS/CD    |
| <input type="checkbox"/> ARTICULATOR  | <input type="checkbox"/> DICOM/CBCT       | <input type="checkbox"/> IMP SCREW         | <input type="checkbox"/> POST         |
| <input type="checkbox"/> BITE         | <input type="checkbox"/> DOUBLE           | <input type="checkbox"/> MODEL/SOLID U / L | <input type="checkbox"/> PUTTY MATRIX |
| <input type="checkbox"/> CROWN/BRIDGE | <input type="checkbox"/> FACEBOW          | <input type="checkbox"/> PARTIAL/DENTURE   | <input type="checkbox"/> SHADE TAB    |
|                                       | <input type="checkbox"/> IMPRESSION U / L | <input type="checkbox"/> IMPLANT ANALOG    | <input type="checkbox"/> TEETH IN WAX |

**INSTRUCTIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MULTIPLE UNIT CASES REQUIRE FULL ARCH IMPRESSIONS AND FACE BOW FOR PREDICTABLE RESULTS – 4 OR MORE UNITS REQUIRE STUDY MODEL**

IS THIS CASE ALSO BEING SUBMITTED DIGITALLY?    YES    NO

IF YES, WHAT IS THE DIGITAL SUBMISSION METHOD?

- Itero    Trios    Medit    Cerec    Case Entry Dropbox  
 E4D    Lava Cos    3M    Planmeca    Casestream    Trudef

WOULD YOU LIKE A MASTER CERAMIST ON THIS CASE?    YES    NO

*Master Ceramists require special scheduling. Midwest Dental Arts will provide a return date once case is evaluated and scheduled.*

WOULD YOU LIKE TO REVIEW THE DESIGN PRIOR TO MILLING?    YES    NO

*Midwest Dental Arts will not provide/promise any return dates until the design has been approved.*

- MALE    FEMALE   AGE (   )   \_\_\_\_\_   PHOTOS ENCLOSED  
 TOOTH SHADE \_\_\_\_\_   PHOTOS EMAILED  
 ETHNICITY \_\_\_\_\_   UPLOADED DROPBOX  
 GUM SHADE \_\_\_\_\_  
 SHADE TAB ENCLOSED   \_\_\_\_\_   STUMP SHADE

**PATIENT DESIRES:**

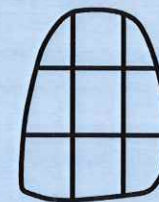
- NATURAL CHARACTERIZED SHADE

- COPY NATURAL ALIGNMENT

- STRAIGHT ALIGNMENT

- OVERLAPPED

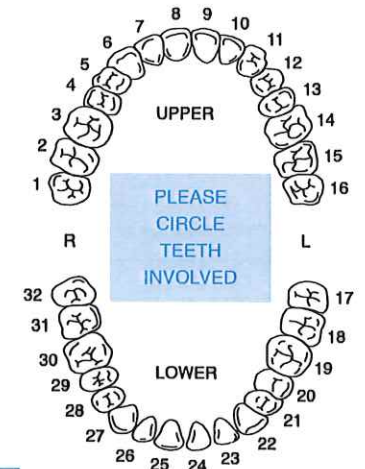
- OCC. STAIN - YES  NO



DATE SENT \_\_\_\_\_ LICENSE # \_\_\_\_\_

DR'S SIGNATURE \_\_\_\_\_

PLEASE SEND:    PRESCRIPTIONS    BOXES    SHIPPING LABELS



DATE RECEIVED BY LAB