

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

4 LOCATIONS:

<b>SWISHER, IA</b> FIXED & IMPLANTS 319-857-4030	<b>MELBOURNE, FL</b> FIXED, IMPLANTS, HYBRIDS & REMOVABLE 321-426-7723	<b>SARASOTA, FL</b> REMOVABLE 941-312-6048	<b>KANSAS CITY, MO</b> REMOVABLE 816-833-5555
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FOR PRESCRIPTIONS RELATED TO YOUR SPECIFIC CASE, PLEASE VISIT [www.MidwestDentalArts.com](http://www.MidwestDentalArts.com)

PATIENT'S NAME




DOCTOR'S NAME

DATE TO BE RETURNED

- 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
- OCCCLUSAL 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:**

FACIAL VENEER    PORCELAIN OCCLUSAL    FULL OCCLUSAL

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

**ARTICULATOR:**

☐ PANADENT   ☐ STRATOS

☐ DENAR   ☐ WHIP MIX

☐ ARTEX   ☐ KAVO

☐ HANAU   ☐ PLASTIC

☐ ENCLOSED, SERIAL # \_\_\_\_\_

RETURN FOR

☐ MOUNTING   ☐ DIE TRIM   ☐ METAL TRY-IN   ☐ BISQUE BAKE CHECK

ENCLOSED IMPLANT PARTS

ATTACHMENT TYPE

IMPLANT DESIGN:

☐ SCREW RETAINED  
☐ CUSTOM ABUTMENT  
☐ SCREWMENTATIONS

MATERIAL:

☐ ZIRCONIA  
☐ TITANIUM  
☐ PRESSABLE

## 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"/> DOUBLE	<input type="checkbox"/> IMP SCREW	<input type="checkbox"/> POST
<input type="checkbox"/> BITE	<input type="checkbox"/> FACEBOW	<input type="checkbox"/> MODEL/SOLID	<input type="checkbox"/> PUTTY MATRIX
<input type="checkbox"/> CROWN/BRIDGE	<input type="checkbox"/> IMPRESSION	<input type="checkbox"/> PARTIAL/DENTURE	<input type="checkbox"/> SHADE TAB
			<input type="checkbox"/> TEETH IN WAX

## INSTRUCTIONS:

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.

**MULTIPLE UNIT CASES SHOULD HAVE FULL ARCH IMPRESSIONS AND FACE BOW FOR PREDICTABLE RESULTS**

☐ MALE   ☐ FEMALE   AGE (   )   ☐ PHOTOS ENCLOSED

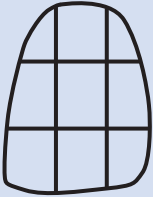
☐ PHOTOS EMAILED

SHADE \_\_\_\_\_

☐ SHADE TAB ENCLOSED   ☐ STUMP SHADE

PATIENT DESIRES:

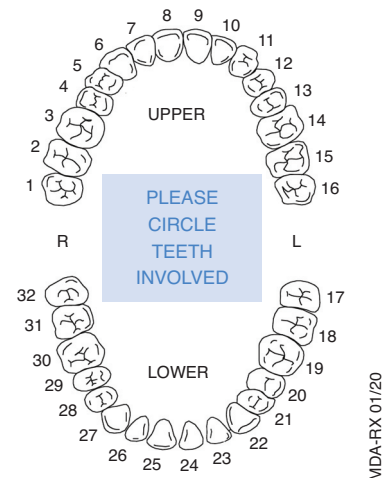
☐ NATURAL CHARACTERIZED SHADE  
☐ COPY NATURAL ALIGNMENT  
☐ STRAIGHT ALIGNMENT  
☐ OVERLAPPED  
☐ OCC. STAIN – YES ☐   NO ☐



DATE SENT \_\_\_\_\_

DR'S SIGNATURE & # \_\_\_\_\_

PLEASE SEND:   ☐ PRESCRIPTIONS   ☐ BOXES   ☐ SHIPPING LABELS



DATE RECEIVED BY LAB