



9565 Midwest Ave. Garfield Hts., Ohio 44125

Local 216 663 2233 Toll Free 800 228 6663  
 Fax 216 663 2237 Martins Ferry 740 633 9401  
 www.roedentallab.com Columbus 614 923 3901

Doctor Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F

**RETURN BY 5:00 P.M. ON** \_\_\_\_\_ Phone \_\_\_\_\_

Expedited Service - additional fees apply

**FIXED RESTORATIONS**

Please **X** applicable boxes. ROE standards (★) will apply if no selection is made.

**RESTORATION TOOTH #**

- Crown \_\_\_\_\_
- Bridge \_\_\_\_\_
- Pontic \_\_\_\_\_
- Inlay/onlay \_\_\_\_\_
- Veneer \_\_\_\_\_
- Post & Core \_\_\_\_\_
- Implant \_\_\_\_\_

**MATERIAL**

- Porcelain to Metal  Premium
- TLZ Monolithic Zirconia
- PFZ Porcelain to Zirconia
- E.Max Monolithic
- E.Max Layered Ceramic
- IPS Empress  Thinner
- Full Cast

**RETURN**

- ★Complete
- Evaluate & Call
- Dr. Trim Dies
- Diagnostic Waxup
  - Level 1  ★Level 2  Level 3
- Provisional  Acrylic  Comp.
- Cast Try-in  Bisque Bake

**ALLOY PORC. TO METAL**

- ★ Noble – White \_\_\_\_\_
- Hi Noble – Yellow \_\_\_\_\_
- Hi Noble – White \_\_\_\_\_
- Non-Precious – White \_\_\_\_\_

**TOOTH #**

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

**METAL DESIGN**

- ★360° Porc. On Metal \_\_\_\_\_
- Porc. Butt Margin \_\_\_\_\_
- Lingual Band \_\_\_\_\_
- 360° Metal Band \_\_\_\_\_
  - Buccal  1/2mm  1mm
- Metal Occlusal \_\_\_\_\_
- Metal Lingual \_\_\_\_\_
- Crown Designed For Partial \_\_\_\_\_
- Twin Clasp Technique \_\_\_\_\_

**TOOTH #**

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

**ALLOY FULL CAST**

- ★Hi Noble – Yellow \_\_\_\_\_
- Hi Noble – White \_\_\_\_\_
- Noble – White \_\_\_\_\_
- Noble – Yellow \_\_\_\_\_
- Non-Precious – White \_\_\_\_\_

**TOOTH #**

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

**IMPLANT ABUTMENT DESIGN**

- ★Titanium  Zirconia
- ★Blanching  Ideal  No Blanching
- ★Cementable Crn  Screw Retained Crn

**PONTIC DESIGN**



Please describe implant and precision attachment requests in detail. We encourage study models and treatment plan be submitted for design and estimate of laboratory fees.

**Lab Use Only**

Dr. called by \_\_\_\_\_ Date \_\_\_\_\_

**Lot Numbers**

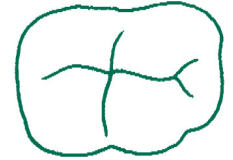
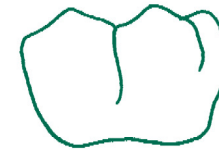
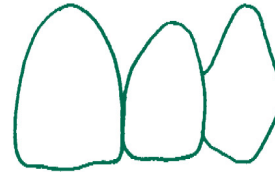
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**SHADE MAP / CHARACTERIZATION / CONTOUR**

SHADE \_\_\_\_\_

PREPARATION SHADE (Required for all ceramics) \_\_\_\_\_

**IN LABORATORY**  Shade Analysis  Smile Analysis  Custom Stain



**OCCLUSAL STAIN**  ★Light  Medium  Dark  None

**TRANSLUCENCY**  ★Standard  Increased  Minimal  Drawn on Shade Map Above

**STUDY MODEL FOR**  Guidance  Exact Duplication  Incisal Edge Position

**CONTOUR**  ★Match Adjacent/Partner  Match Study Model  Ideal

**OCCCLUSION**  ★Light  Full Occlusion  Out of Occlusion

**IF DEFICIENT OCCLUSAL SPACE**  Reduction Coping  Reduce/MarkOpp.  Call

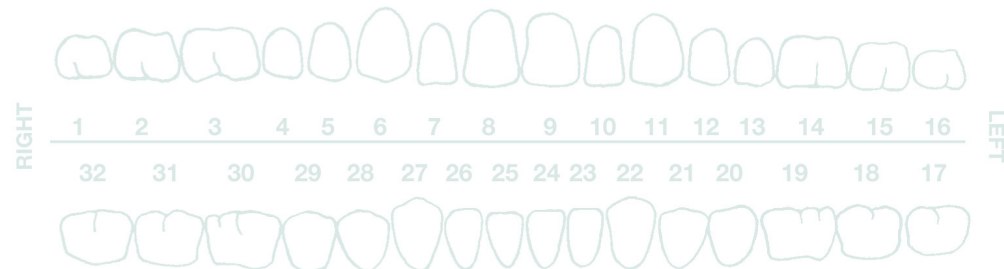
**REASON FOR RESTORATION**  Close Spaces  Discoloration  Aesthetics

**CONTACTS**  ★Standard  Extra Broad  Point  Leave Diastema \_\_\_\_\_

**FUTURE RESTORATIONS PLANNED** \_\_\_\_\_

Send  Rx  Shipping Labels  Boxes  Time Requirements

**Instructions**



**Signature** \_\_\_\_\_

**License #** \_\_\_\_\_

The person signing this work order accepts responsibility for payment and agrees to pay all collection costs including attorney's fees. A 1 1/2% (18%/yr.) finance charge will be added to all balances due over 30 days.