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 www.roedentallab.com FDA Registration #3004935521

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

Address \_\_\_\_\_

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

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

Request delivery prior to appointment date, please refer to time requirements.

### FIXED RESTORATIONS

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

- | RESTORATION TOOTH #                        | MATERIAL   | RETURN   |
|--|--|--|
| <input type="checkbox"/> Crown _____       | <input type="checkbox"/> Porcelain to Metal  | <input type="checkbox"/> Evaluate & Call   |
| <input type="checkbox"/> Bridge _____      | <input type="checkbox"/> Premium Porc. to Metal  | <input type="checkbox"/> Dr. Trim Dies   |
| <input type="checkbox"/> Pontic _____      | <input type="checkbox"/> Zirconia <input type="checkbox"/> Procera <input type="checkbox"/> Lava | <input type="checkbox"/> Diagnostic Waxup  |
| <input type="checkbox"/> Inlay _____       | <input type="checkbox"/> e. Max <input type="checkbox"/> e. MaxCAD                               | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3   |
| <input type="checkbox"/> Veneer _____      | <input type="checkbox"/> IPS Empress <input type="checkbox"/> Thineer                            | <input type="checkbox"/> Provisional <input type="checkbox"/> Acrylic <input type="checkbox"/> Comp. |
| <input type="checkbox"/> Post & Core _____ | <input type="checkbox"/> Belleglass <input type="checkbox"/> Tescera                             | <input type="checkbox"/> Cast Try-in <input type="checkbox"/> Bisque Bake                            |
| <input type="checkbox"/> Implant _____     | <input type="checkbox"/> Full Cast   | <input type="checkbox"/> ★Complete   |

- ALLOY PORC. TO METAL TOOTH #**
- Hi Noble – Yellow (73%Au) \_\_\_\_\_
- Hi Noble – White (45%Au) \_\_\_\_\_
- Noble – White (78%Pd) \_\_\_\_\_
- Non-Precious – White \_\_\_\_\_

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

- ALLOY FULL CAST TOOTH #**
- ★Hi Noble – Yellow (56%Au) \_\_\_\_\_
- Hi Noble – White (45%Au) \_\_\_\_\_
- Noble – White (78%Pd) \_\_\_\_\_
- Non-Precious – White \_\_\_\_\_

- IMPLANT ABUTMENT DESIGN**
- ★Cement Retained  Screw Retained
- ★Titanium  Zirconia
- ★Blanching  Ideal  No Blanching

- PONTIC DESIGN**

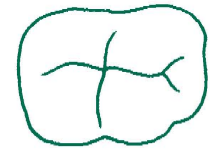
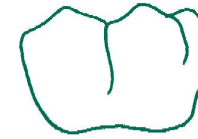
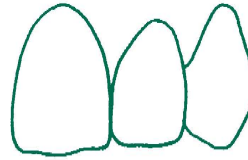
Please describe implant and precision attachment requests in detail. We encourage study models and treatment plan be submitted for design and estimate of laboratory fees.

<b>Lab Use Only</b>	Dr. called by _____	Date _____
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### SHADE MAP / CHARACTERIZATION / CONTOUR

SHADE \_\_\_\_\_ Prep. Shade (Required for all ceramics) \_\_\_\_\_

IN LABORATORY  Shade Analysis  Smile Analysis



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

OCCLUSION  ★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 \_\_\_\_\_

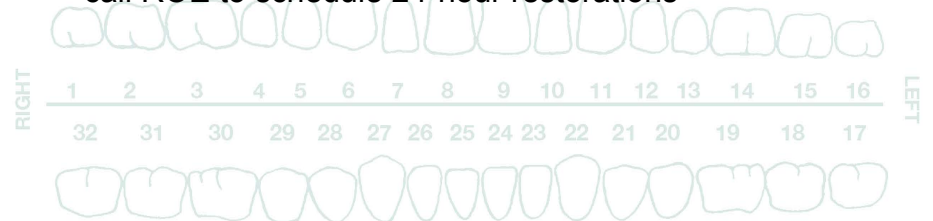
FUTURE RESTORATIONS PLANNED \_\_\_\_\_

Send  Rx  Shipping Labels  Boxes  Time Requirements

#### Instructions

- |  |                      |              |
|--|----------------------|--------------|
| <input type="checkbox"/> TLZ – zirconia                | <b>6 days-in-lab</b> | <b>\$135</b> |
| <input type="checkbox"/> emax CAD                      | <b>3 days-in-lab</b> | <b>\$110</b> |
| <input type="checkbox"/> emax CAD Express <sup>0</sup> | <b>24 Hours*</b>     | <b>\$220</b> |

\* call ROE to schedule 24-hour restorations



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.