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 www.roedentallab.com FDA Registration #3004935521

REMOVABLE RESTORATIONS

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

FULL DENTURE Upper Lower

- ★ESP Bite Rim (Specify Acrylic Shade)
- Economy Bite Rim
- Set-up
 - ★Ideal Arrangement
 - Staub Cranial
 - Match Study Model
 - Characterized (See Instructions)
 - ★Lingualized Occlusion
- ★Reset for Try-in
- Reset and Finish
- Finish
- Immediate Teeth # _____
- Soft Gasket Teeth # _____

ESP IVOCAP ACRYLIC SHADE

- ★Preference (Pink)
- Dark Pigmented

REPAIRS & RELINES

- Reline Upper Lower
- Reline w/Soft Liner
- Rebase Denture Upper Lower
- Replace Teeth # _____
- Fracture Repair
- Laser Weld Clasp Retention

OTHER SERVICES

- Custom Tray Solid Perf.
- Permanent Soft Liner
- A.E.D. Duplicate Denture
- Bleach Tray Opalescent Foam
- Implant Stent
 - Acrylic Guide Rite CT Based

PARTIAL DENTURE Upper Lower

- Cast Partial
 - Regular Premium Wironium
- Tooth Colored Clasps Teeth # _____
- Laser Weld Clasps Teeth # _____
- Handpacked Pontics Teeth # _____
- Metal Pontics Teeth # _____
- Flipper w/WW Clasps Teeth # _____
- Valplast Partial w/Cast Framework
- Try-in Casting
- Try-in w/Bite Rim
- Try-in w/Setup

BITE SPLINT Upper Lower

- TMJ Design (anterior guidance)
 - w/3mm labial coverage
 - w/no incisal coverage
- Bruxism Design (flat w/cusp contact)
 - w/3mm labial coverage
 - w/no incisal coverage
- Neuromuscular Orthotic
- Ortho Acrylic w/Thermaflex
- Ivocap Acrylic w/Thermaflex
- Flexite Plastic w/Thermaflex
- Vac. Form Nightguard Soft Dual
- Elastomer Soft Nightguard

ORTHODONTICS

- Fixed Space Maintainer Gelb
- Hawley Tanner Other

IMPLANT CASE DESIGN

- Overdenture Hybrid
- CAD Bar Cast Bar Conus Freestanding
- Locator ERA Bredent O-Ring Other

TEETH

- ★Ivoclar
- Economy
- _____

SHADE _____

MOULD _____

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.

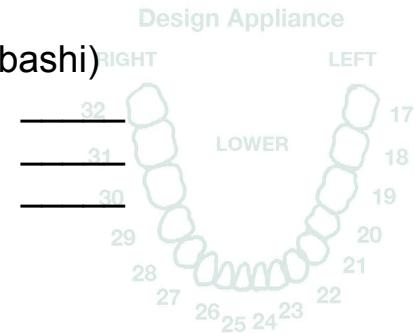
Send Rx Shipping Labels Boxes

Instructions

Please construct a clear mandibular LVI removable orthotic with the standard design: acrylic should just cover the lower anterior incisal edges; there should be no anterior guidance; create anatomical posterior occlusion and occlusal tooth form with precise holding cusp occlusal contacts; use lingual wire reinforcement.

LVI Golden Index (Shimbashi)

Anterior
(L) Posterior
(R) Posterior



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.

Lab Use Only

Dr. called by _____ Date _____