



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 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  Time Requirements

**Instructions**

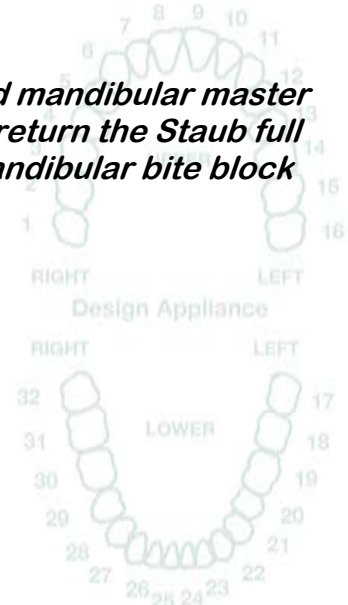
**Staub Cranial Denture**

*Enclosed find final maxillary and mandibular master casts (or impressions). Please return the Staub full maxillary set-up, mandibular mandibular bite block on final processed bases.*

**Shade** \_\_\_\_\_

**Age** \_\_\_\_\_

**m / f** \_\_\_\_\_



**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 \_\_\_\_\_