



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

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"/> Procera Z <input type="checkbox"/> e. Max | <input type="checkbox"/> Diagnostic Waxup |
| <input type="checkbox"/> Inlay _____ | <input type="checkbox"/> Katana <input type="checkbox"/> Lava | <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 # | METAL DESIGN | TOOTH # |
|--|---------|--|---------|
| <input type="checkbox"/> Captek – Yellow (88%Au) | _____ | <input type="checkbox"/> Lingual Band | _____ |
| <input type="checkbox"/> Hi Noble – Yellow (73%Au) | _____ | <input type="checkbox"/> Porc. Butt Margin | _____ |
| <input type="checkbox"/> Hi Noble – White (45%Au) | _____ | <input type="checkbox"/> ★360° Porc. On Metal | _____ |
| <input type="checkbox"/> Noble – White (78%Pd) | _____ | <input type="checkbox"/> 360° Metal Band | _____ |
| <input type="checkbox"/> Non-Precious – White | _____ | Buccal <input type="checkbox"/> 1/2mm <input type="checkbox"/> 1mm | _____ |
| | | <input type="checkbox"/> Metal Occlusal | _____ |
| | | <input type="checkbox"/> Metal Lingual | _____ |
| | | <input type="checkbox"/> Crown Under Partial | _____ |
| | | <input type="checkbox"/> Crown Designed For Partial | _____ |
| | | <input type="checkbox"/> Twin Clasp Technique | _____ |

- | ALLOY FULL CAST | TOOTH # |
|---|---------|
| <input type="checkbox"/> Hi Noble – Yellow (77%Au) | _____ |
| <input type="checkbox"/> ★Hi Noble – Yellow (56%Au) | _____ |
| <input type="checkbox"/> Hi Noble – White (45%Au) | _____ |



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 _____
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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"/> eMAX CAD | 3 days-in-lab |
| <input type="checkbox"/> eMAX Express ² | 2 days-in-lab |
| <input type="checkbox"/> eMAX Express ¹ | 1 days-in-lab |
| <input type="checkbox"/> eMAX Express ⁰ | same day* |
| <input type="checkbox"/> eMAX Esthetic | 5 days-in-lab |

* call ROE to schedule same day 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.