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 www.roedentallab.com

REMOVABLE RESTORATIONS

Dentures include stippling, rugae, & butterfly postdam

FULL DENTURE Upper Lower

- Bite Rim
- Set-up
 - Ideal Arrangement
 - Characterized Age _____
 - Match Study Model
 - Lingualized Occlusion
- Reset for Try-in
- Reset and Finish
- Finish
- Immediate Teeth # _____
- Soft Gasket Teeth # _____
- Alma Gauge Measurements
Vertical _____ Horizontal _____

TEETH

- Ivoclar P.E.
- I.P.N.
- Economy
- _____

SHADE _____

MOULD _____

BPS IVOCAP FINISH

- Light
- Pink
- Mild Pigmented
- Dark Pigmented
- Custom Tinting/Blanching

OTHER SERVICES

- Custom Tray Solid Perf.
- Permanent Soft Liner
- Impak Retentive Extensions
- A.E.D. Duplicate Denture
- Opalescent Tray
- Bleach Tray (Foam)
- Antisnoring Device
- Stent Surgical Implant

PARTIAL DENTURE Upper Lower

- Try-in Casting
- Try-in w/Bite Rim
- Try-in w/Setup
- Cast Chrome Partial
- Cast Chrome w/Laser Wire Clasps
- Flexite Thermoplastic Partial
- Combination Flexite & Chrome Partial
- Handpacked Pontics Teeth # _____
- Metal Pontics Teeth # _____
- Flipper w/Clasps

BITE SPLINT Upper Lower

- TMJ Design (cuspid disclusion)
 - w/3mm labial coverage
 - w/no incisal coverage
- Bruxism Design (flat w/cusp contact)
 - w/3mm labial coverage
 - w/no incisal coverage
- Ortho Acrylic w/Talon Liner
- Ivocap Acrylic w/Talon Liner
- Flexite Thermoplastic w/Talon Liner
- Vac. Form Nightguard Soft Dual
- Elastomer Soft Nightguard

ORTHODONTICS

- Space Maintainer
- Hawley Appliance
- Tanner
- Gelb
- Sagittal
- Other _____

REPAIRS & RELINES

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

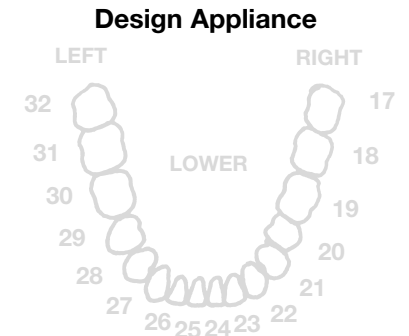
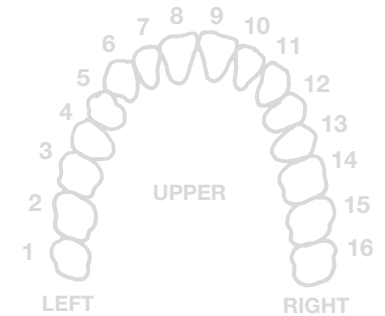
Dr. Name _____ Phone _____

Patient Name _____ Age _____ Sex M F

Return By 5:00 P.M. On _____ Send Rx Shipping Labels Boxes

Please Request Case One Day Prior To Appointment Date

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.

Lab Use Only

Dr. called by _____ Date _____