

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

SHADE _____

FULL DENTURE Upper Lower
 Acrylic Shade Pink★ Dark Pink

DIGITAL DENTURE
 IMPACT™ (Printed) Set-up & Finish *(no try-in req., picture req.)*
 Ideal Arrangement ★
 Immediate

IMPACT™ Reverse Reset *(modification or reprinting)*

PARTIAL DENTURE Upper Lower
 Alternative Clasp Design Teeth # _____
 Clear Pink Laser Wire

FLIPPER Upper Lower
 w/ WW Clasps Teeth # _____

REPAIRS & RELINES
 Reline
 Reline w/ Soft Liner
 Rebase Denture
 Replace Teeth # _____
 Fracture Repair _____
 Clasp Retention

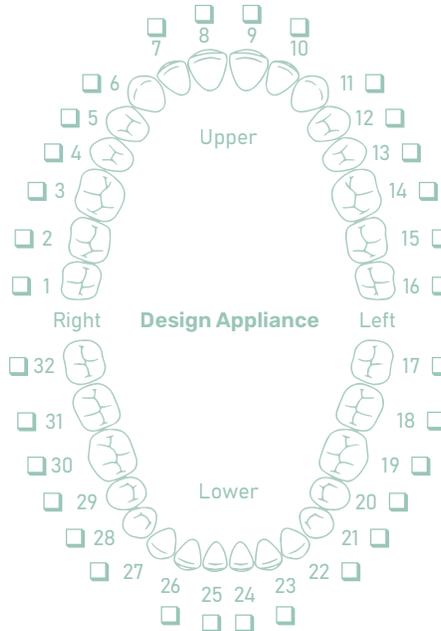
OTHER SERVICES
 Custom Tray
 Duplicate Denture
 Permanent Soft Liner

Signature* _____ **License #*** _____

The person signing this work order accepts responsibility for payment and agrees to pay all collection costs including attorney's fees. A 1.5% (18%/yr.) finance charge will be added to all balances due over 30 days.



For your online portal to register as a new 360care provider with ROE, print Rx, place supply requests, find contact information, and more - please visit www.roedentallab.com/360care



Doctor Name* _____ Date _____

Shipping Address of Case* _____

City* _____ State* _____ ZIP* _____

Patient Name* _____ Age* _____ Male Female

360care Facility* _____

360CARE CASE ID #* _____

RETURN BY 5:00 P.M. ON _____ Dr. Cell* _____

Email* _____

Expedite - same day and expedite requests will be honored, add'tl fees apply.

CALL ME

DO YOU NEED? Rx Days in Lab
 Boxes Shipping Labels

Instructions