

Call (216) 663-2233 ext. 300 Fax (216) 663-2237
 Visit us 7165 E Pleasant Valley Rd, Independence, OH 44131

REFERRING DOCTOR OFFICE RESPONSIBILITIES

Email completed referral form to info@roedentallab.com including all required details below. Inform the patient that ROE will contact them within 24 hours to schedule their appointment.

Patient Name* _____ Patient Phone #* _____

Referring Dr. Name* _____ Referring Dr. Phone #* _____

Practice Name (if different from above)* _____



Instructions for the Lab:

SELECT ONE APPOINTMENT TYPE BELOW*	
<input type="checkbox"/> Shade at Lab (SAL) Tooth Number(s) _____ <ul style="list-style-type: none"> • Appointment prior to crown fabrication or remake • Difficulty determining the correct shade • Patient is referred to ROE for shade analysis • Approximate appointment time: 30 minutes 	<input type="checkbox"/> Custom Stain (CS) Tooth Number(s) _____ <ul style="list-style-type: none"> • Crown is already made but needs color or characterization adjustment (typically darker) • Requires lab modification and staining time • Crown has been loosened or removed prior to appointment. ROE Dental Lab does not remove or decement crowns. • Approximate appointment time: 3 hours

WHITENING/BLEACHING STATUS*

Has the patient bleached or used whitening strips in the last 2 weeks? Yes No

*If Yes: Appointment must be made after bleaching is complete. A **two-week wait** is required for tooth color to stabilize after bleaching.*

INSTRUCTIONS

Important: Submit this form via email (info@roedentallab.com) or our online form (www.roedentallab.com/shade), and we will call your patient within 24 hours to schedule. We cannot accept walk-in appointments.

Doctor's Signature* _____ License #* _____