

STABILI-TEETH™

Stabili-Teeth™ Lab Work Order & Smile Analysis

VERTICAL DIMENSION

800-228-6663 | info@roedentallab.com | www.roedentallab.com Main Laboratory: 7165 E Pleasant Valley Rd, Independence, OH 44131

Please ✓ applicable boxes. Required fields indicated with asterisk (*). ROE standards (**⊙**) apply if no selection is made.

AI CII	Mandibular	Open				
Both		Close If vertical changes, at expense of the:				
			Upper	Lower	Both	
MIDLINE & INCISAL		OVERJET/OVERBITE Appropriate Change				
			EVIEW OF S FOR APPRO		BITAL	
STABILI-TI	EETH™ CASE INSTRUC	TIONS				
Please return th	ne following for the next clinical a	ppointment:				
Phase 1.	(Optional) Pour impressions and return with models and custom trays.					
Phase 2.	Fabricate bite rims to capture VDO, midline, cuspids, high smile, and bite.					
Phase 3.	Digitally articulate case and create digital setup and deliver one prototype prosthesis with pink gingiva for pickup and Immediate load and also one duplicate prosthesis for impression and future record transfer.					
Phase 4.	(Optional) Modify the setup per the instructions on this form and return a revised prototype prosthesis.					
Phase 5.	Make any changes specified on the form and use the relined duplicate prosthesis with the housing location picked up in the impression to create a final milled Ivotion prosthesis.					

Doctor Name* _		Date			
Address*					
City*		State*	ZIP*		
Email*		Phone*			
Patient Name* _		Age*	Male Female		
RETURN BY 5:0	00 P.M. ON	Expedite fees apply			
CALL ME	DO YOU NEED?	Rx Boxes	Days in Lab Shipping Labels		

Instructions

Signature*	License #*
Juliature	Licelise #

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 the most up-to-date Rx & forms, please visit www.roedentallab.com/forms