

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

IMPLANT

Implant Line & Platform* _____

DESIGN CATEGORY FP1 FP2 FP3

DESIRED FINAL BITE Class 1 Class 2 Class 3

MATERIAL

- | | |
|---|----|
| <input type="checkbox"/> TLZ-IB Full Zirconia w/Ti Bases | 11 |
| <input type="checkbox"/> Use angled screw channel componentry if needed | |
| <input type="checkbox"/> Upgrade to Bespoke | |
| <input type="checkbox"/> TLZ-IB Full Zirconia w/o Ti Bases <i>Nobel compatible MUA only</i> | 11 |
| <input type="checkbox"/> Upgrade to Bespoke | |
| <input type="checkbox"/> NobelProcera® Full Zirconia | 11 |
| <input type="checkbox"/> G-CAM Nanoceramic | 11 |
| <input type="checkbox"/> Full Acrylic Denture Teeth Wrap w/ Ti Bar | 11 |
| <input type="checkbox"/> iJIG™ (Fit Verification w/ Teeth) | 6 |
| <input type="checkbox"/> Printed Try-In Prototype | 6 |
| <input type="checkbox"/> PMMA Long-term Provisional | 6 |

DAYS IN LAB

TOOTH DESIGN






- | | | |
|--|-----------------|-------------------|
| <input type="checkbox"/> Midline Shift (to patient's left/right) | _____mm Left | _____mm Right |
| <input type="checkbox"/> Move Incisal Edge Maxilla | _____mm Apical | _____mm Incisal |
| <input type="checkbox"/> Move Incisal Edge Mandible | _____mm Apical | _____mm Incisal |
| <input type="checkbox"/> Move Max. Plane of Occlusion | _____mm Up | _____mm Down |
| <input type="checkbox"/> Move Anteriors Maxilla | _____mm Facialy | _____mm Palatally |
| <input type="checkbox"/> Move Anteriors Mandible | _____mm Facialy | _____mm Palatally |
| <input type="checkbox"/> Desired Central Dimensions | _____mm Length | _____mm Width |
| <input type="checkbox"/> Horizontal Change Plane (send photos) | | |

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TOOTH SHAPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Use enclosed photo | <input type="checkbox"/> Use study model | <input type="checkbox"/> See notes |
| <input type="checkbox"/> Functional | <input type="checkbox"/> Natural | <input type="checkbox"/> Youthful |
| <input type="checkbox"/> Detailed Functional | <input type="checkbox"/> Detailed Natural | <input type="checkbox"/> Detailed Youthful |
| <input type="checkbox"/> Oval | <input type="checkbox"/> Enhanced | <input type="checkbox"/> Hollywood |
| <input type="checkbox"/> Detailed Oval | <input type="checkbox"/> Detailed Enhanced | |

TISSUE TRANSITION DESIGN*

- Copy Try-In Design Exactly
- Copy Try-In Design, Following Instructions Below
- | | | |
|--|--|--|
| Hygienic w/ Ridge Contact | Highwater/Open Ridge | Maxillary Flange |
| <input type="checkbox"/> Upper  | <input type="checkbox"/> Upper  | <input type="checkbox"/>  |
| <input type="checkbox"/> Lower  | <input type="checkbox"/> Lower  | |

TOOTH SHADE*



OCCUSAL STAINING

- None ●
- Light
- Medium
- Dark



TISSUE SHADE

- Pink
- Lighter Pigment ●
- Darker Pigment
- Use Enclosed Sample
- Bespoke Customization

DESIGN & ESTHETICS

ROE will use available tools and resources to mimic Dr.'s request.

- Copy Surgical Prosthetic
- Copy iJIG™
- Copy Printed Try-In
- Copy Conversion Prosthetic
- Copy RAPID Appliance
- Use Original SmileSIM®
- Denture Tooth Set-Up

INITIAL RECORDS

- PhotoG Scanner _____
- Scan Body Brand _____
- Implant Brand _____
- MUA Brand _____
- Healing Collar Brand _____
- Final Screw of Choice _____
- Final Screw Thread _____
- Fit Jig _____

SECONDARY RECORDS

- New Bite Registration
- New Photo
- New Impression
- New Tissue Impression
- Returned Articulation

Doctor Name* _____ Date _____

Address* _____

City* _____ State* _____ ZIP* _____

Email* _____ Phone* _____

Patient Name* _____ Age* _____ Male Female

RETURN BY 5:00 P.M. ON _____ Expedite *fees apply*

CALL ME

DO YOU NEED?

- Rx Days in Lab
- Boxes Shipping Labels

Instructions

Please indicate Dr. & patient goals*

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