

Doctor Name* _____ Date _____

Address* _____

City* _____ State* _____ ZIP* _____

Email* _____ Phone* _____

Patient Name* _____ Age* _____ Male Female

RETURN BY 5:00 PM ON _____ Expedite *fees apply*

DO YOU NEED?

Rx
 Boxes
 Days in Lab
 Shipping Labels

CALL ME

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

CASE TYPE / TOOTH

- Crown _____
- Bridge _____
- Pontic _____
- Inlay/Onlay _____
- Veneer _____

MATERIAL

- TLZ Monolithic Zirconia ●
- zRc Monolithic Zirconia
- Porcelain to Zirconia (PFZ)
- e.max Monolithic
- e.max Layered

- Porcelain to Metal (PFM)
- Metal Occlusal/Lingual
- Full Cast

If PFM or Full Cast, must select color and content:

- | | |
|---------------------------------|------------------------------------|
| Color: | Content: |
| <input type="checkbox"/> White | <input type="checkbox"/> Noble |
| <input type="checkbox"/> Yellow | <input type="checkbox"/> Hi-Noble |
| | <input type="checkbox"/> Base N.P. |

RETURN

- Evaluate/call
- Dr. trim dies
- Dr. review CAD design
- Complete with model
- Complete w/o model

DIAGNOSTICS

- Digital diagnostic wax-up ●
- Hand-waxed diagnostic wax-up
- Silicone matrix Dual vac matrix ●
- CAD/CAM provisional
- Send .STL file only

IMPLANT DESIGN

Implant Line & Platform*

- | | | | |
|--|--|---|--|
| Implant Parts | <input type="checkbox"/> ROE Choice ● | <input type="checkbox"/> 3rd Party | <input type="checkbox"/> Original OEM |
| Custom Abutment | <input type="checkbox"/> Titanium | <input type="checkbox"/> Ti. Gold Tone | <input type="checkbox"/> Zirconia |
| | <input type="checkbox"/> Place screw access hole in crown, but do not cement | | |
| Screw Retained
<i>(Cemented on Ti Base)</i> | <input type="checkbox"/> TLZ-SR | <input type="checkbox"/> PFZ-SR | <input type="checkbox"/> PFM-SR |
| Tissue Blanching | <input type="checkbox"/> Ideal Contour | <input type="checkbox"/> No Blanching | <input type="checkbox"/> Blanching 1mm ● |
| Type | <input type="checkbox"/> TLZ-IB | <input type="checkbox"/> G Cam | <input type="checkbox"/> NobelProcera |
| | <input type="checkbox"/> Prototype | <input type="checkbox"/> Direct to MUA (no ti bases)* | |

Screw choice*

Required w/ direct to MUA

- Upgrades Passivity Plus Bespoke Premium

DESIGN FOR PARTIAL

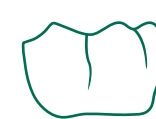
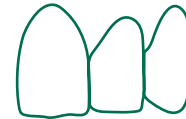
- Existing From Twin Clasp Future

Case Specifications

SHADE _____

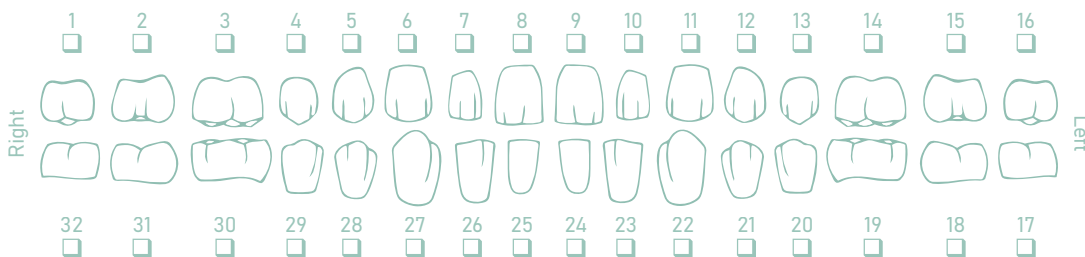
PREP. SHADE *(required for ceramics)* _____

- Laboratory Visit Shade Analysis Smile Analysis Custom Stain



- Occlusal Anatomy** Match Adjacent/Partner ● Ideal
- Occlusal Contact** Light ● Full Very light Out of occlusion
- Occlusal Stain** Light ● Medium Dark None
- Translucency** Standard ● Increased Minimal As Drawn
- Contact Shape** Standard ● Broad Extra Broad
- Study Model for** Guidance Exact Duplication Incisal Edge Position
- Contour** Match Adj./Partner ● Match Study Model Ideal
- Occlusion with a close bite** Call ● Trim/Mark Opp. Trim w/Coping
- Reason for Restoration** Close Spaces Discoloration Esthetics Other
- Future Restorations Planned** _____

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 1.5% (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