

Doctor Name* _____		Date _____	DO YOU NEED? Rx Boxes Days in Lab Shipping Labels
Address* _____			
City* _____	State* _____	ZIP* _____	
Email* _____	Phone* _____		
Patient Name* _____	Age* _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	
RETURN BY 5:00 PM ON _____		Expedite <i>fees apply</i>	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 _____
Implant _____

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

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:
White	Noble
Yellow	Hi-Noble
	Base N.P.

IMPLANT DESIGN

Implant Line & Platform*

Implant Parts	ROE Choice ●	3rd Party	Original OEM
Custom Abutment	Titanium	Ti. Gold Tone	Zirconia
	Place screw access hole in crown, but do not cement		
Screw Retained (Cemented on Ti Base)	TLZ-SR	PFZ-SR	PFM-SR
Tissue Blanching	Ideal Contour	No Blanching	Blanching 1mm ●
Full-Arch	TLZ-IB	G Cam	NobelProcera
	Direct to MUA (no ti bases) _____ screw brand		

PONTIC DESIGN

☒ Modified ridge lap
 ☐ Hygienic
 ☐ Full ridge lap
 ☐ Ovate
 ☐ 1mm
 ☐ 2mm
 ☐ 3mm

DESIGN FOR PARTIAL

Existing From Twin Clasp Future

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Right Left

Case Specifications

SHADE _____

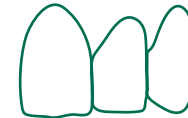
PREP. SHADE (required for ceramics) _____

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