

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

SHADE/MOULD

FULL DENTURE Upper Lower

- Custom Tray Solid Perforated
 Immediate Remove Teeth # _____
 Bite Rim Processed Bite Rim ● (acrylic shade req.)
 Standard

DIGITAL DENTURE

IMPACT™ (Printed) Digital Denture (no try-in req., picture req.)

- Material Design Premium ● Economy
 Ideal Arrangement ●
 Immediate Match Study
 Reset Reverse Reset
 Upgrades Bespoke premium upgrade
 Add 2nd discount backup denture

Ivotion™ (Milled) Digital Denture w/ Printed Try-In

- Design Ideal Arrangement ●
 Match Study
 Reset Reset and Reprint
 Reset and Finish
 Upgrades Bespoke premium upgrade
 Add 2nd discount backup denture

HANDCRAFTED DENTURE

- Wax Set-up Ideal Arrangement ●
 Match Study
 Teeth Premium ● Economy
 Reset For Try-In For Finish
 Finish Conventional Acrylic (wax try-in req.)

DUPLICATE DENTURE

- Duplicate Denture From file From CBCT
 From flask From IOS
 Use reline to make new denture

REPAIRS & RELINES

- Reline
 Reline w/Soft Liner
 Rebase Denture
 Replace Teeth # _____
 Fracture Repair _____
 Laser Weld Clasp Retention

OTHER SERVICES

- Bleach Tray
 Permanent Soft Liner
 Essix® Teeth: _____

ACRYLIC SHADE Pink ● Dark Pink

PARTIAL DENTURE Upper Lower

- Metal Framework SLM CrCo ● SLM Titanium
 Try-In Anodize Ti Pink
 With BB With Setup
 Handpack Pontics Teeth # _____
 Alt. Clasp Design Teeth # _____
 Pink Clear
 Laser Wire

- Flexible Framework TCS Resin Add Cast Subst.
 Zirlux Acetal Try-In w/ Setup
 Flipper No Clasps Add WW Clasps
 Printed Pink Clasps (discounted)

BITE SPLINT Upper ● Lower

- Design Bruxism ●
 TMJ (anterior guidance)
 With 3mm Labial Coverage ●
 Return With Model ● Model-free

- CLEARguard™ Hard w/Memory Liner (model req.)
 Hard ● Semi-soft

- miniComfort® Day 4.0 ● Night 6.0

- Comfort Hard/Soft
 Vacuform Guard Soft Dual

- ForceField™ Sports Guard Green Red White
 Purple Black
 (5 colors) Add helmet strap

ORTHODONTICS & ALIGNERS

Comprehensive orthodontic solutions are available upon request or through their specific Rx forms:

For aligner Rx, visit www.roedentallab.com/CLEARalinerx
 For ortho Rx, visit www.roedentallab.com/orthorx

IMPLANT CASE DESIGN

For full arch Rx, visit www.roedentallab.com/archrx

Implant Line & Platform*

- Diagnostic Tools Fit verification jig
 Screw-retained bite rim
 iJIG™ Printed Try-In
 Prosthetic Design Conus Locator®
 Hybrid Hybrid Bar Try-In
 Surgical Guide Teeth # _____
 Acrylic CBCT

Doctor Name* _____ Date _____

Address* _____

City* _____ State* _____ ZIP* _____

Email* _____ Phone* _____

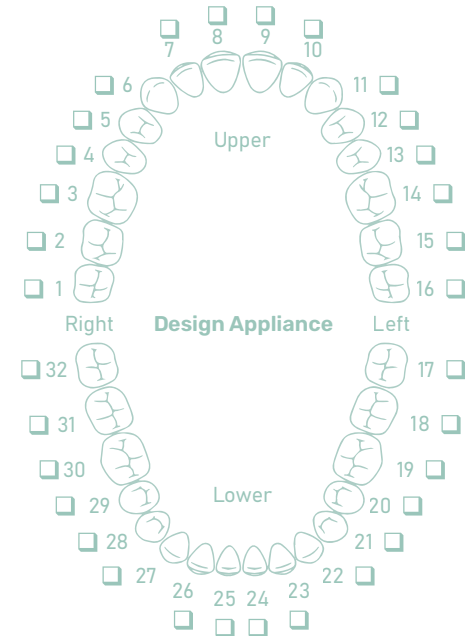
Patient Name* _____ Age* _____ Male Female

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

CALL ME

DO YOU NEED? Rx Days in Lab
 Boxes Shipping Labels

Instructions



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