

Removable Restorations

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

SHADE/MOULD			ACRYLIC SHADE Pink o Dark Pink				
FULL DENTU Custom Tray Bite Rim	☐ Solid ☐	Perforated Rim • (acrylic shade req.)	PARTIAL DEI Metal Framework	NTURE Upper Lower SLM CrCo O SLM Titanium Try-In With BB With Setup Handpack Pontics Teeth #			
DIGITAL DENTURE				Alt. Clasp Design Teeth#			
IMPACT™ (Printed) Set-up & Finish (no try-in req., picture req.)				☐ Pink	Clea	r	
☐ Ideal Arrangement ☐ ☐ Immediate ☐ Match Study ☐ Premium Teeth ☐ ☐ Economy Teeth ☐ Gingival Tinting ☐ Spare Duplicate (discounted) ☐ IMPACT Reverse Reset (modification or reprinting)			Flexible Framework Flipper	☐ No Clasp	n □ Add etal □ Try-I	WW Clasps	
	·		- Frinted F	ilik Clasps (ai	scountea)		
Ivotion™ (Milled) Set-up for Printed Try-In □ Ideal Arrangement □ □ Match Study □ Ivotion Reset and Reprint □ Reset and Finish □ Ivotion Milled Finish			BITE SPLINT Design Return	Upper ● Lower □ Bruxism ● □ TMJ (anterior guidance) □ With 3mm Labial Coverage ● □ With Model ● □ Model-free			
HANDCRAFTED DENTURE			CLEARquard™	Hard w/Memory Liner (model req.)			
Wax Set-up ☐ Ideal Arrangement ●			0	☐ Hard ● ☐ Semi-soft			
•	☐ Match Study		miniComfort®				
Teeth Reset	☐ Premium ○ ☐ For Try-In	☐ Economy ☐ For Finish	Comfort Vacuform Guard	☐Hard/Soft	t Dual		
Finish		Acrylic (wax try-in req.)	ForceField™ Sports Guard	☐ Green ☐ Purple	□ Red □ Black	White	
Duplicate Denture from:	□ File □ Flask	□CBCT □IOS	(5 colors)	Add helm	_		
			ORTHODONT	ICS			
REPAIRS & F			For aligner Rx, visit		tallab.com/CL	.EARalinerx	
Immediate Remove Teeth#			□CLEARaline™ Ortho Aligner				
Reline			Fixed Space Mai		_	<u></u>	
☐ Reline w/Soft L ☐ Rebase Denture			☐Hawley	■ Tanner	■Essix®	□Gelb	
Replace Teeth#			IMPLANT CO	0E BE0:			
□ Fracture Repair			IMPLANT CASE DESIGN				
Laser Weld	Clasp	Retention	For full arch Rx, visit www.roedentallab.com/archrx Implant Line & Platform*				
			Diagnostic Tools		tion iig		
OTHER SERV	/ICES	Diagnostic 100ts	☐ Fit verification jig ☐ Screw-retained bite rim				
Bleach Tray				□iJIG™	Printed T		
□ Duplicate Denture □ Clear			Prosthetic Design		Locator	•	
□ Permanent Soft Liner				Hybrid	☐ Hybrid B		
Essix® Teeth:			Surgical Guide	, Teeth#	-		

□ CBCT

☐ Guide Rite

Acrylic

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			
CALLME	DO YOU NEED?	Rx Boxes	☐ Days in Lab☐ Shipping Labels		

Instructions

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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