



# miniComfort® Free Trial Rx

800-228-6663 | info@roedentallab.com | www.roedentallab.com  
Main Laboratory: 7165 E Pleasant Valley Rd, Independence, OH 44131

## CASE INFORMATION

Please ✓ applicable boxes. Required fields indicated with asterisk (\*).

miniComfort recipient\*:  Doctor  Hygienist  Dental assistant  
 Other: \_\_\_\_\_

Recipient name\*: \_\_\_\_\_

Recipient email\*: \_\_\_\_\_

Doctor Name\* \_\_\_\_\_ Date \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

Email\* \_\_\_\_\_ Phone\* \_\_\_\_\_

RETURN BY 5:00 PM ON \_\_\_\_\_  Expedite *fees apply*

CALL ME

DO YOU NEED?  Rx  Days in Lab  
 Boxes  Shipping Labels

## CASE SUBMISSION GUIDELINES

### How to Participate in the Free Trial:

- Capture patient records:
  - Mandibular: Include the full labial and lingual vestibules back to the 2nd Bi's.
  - Maxillary: Standard crown/bridge impression.
  - Digital impressions encouraged. If capturing IOS scans, export as .STLs and combine them in a folder and zip.
- Submit case via online or mail:
  - Online: Go to [www.roedentallab.com](http://www.roedentallab.com) and select *Submit Case*. Submit your digital impressions (.STLs, zipped folder) and this Rx.
  - Mail: Mail your physical models and this Rx to ROE.  
Need a UPS label to send it to us? [www.roedentallab.com/UPS](http://www.roedentallab.com/UPS)

## Instructions

**FREE TRIAL LABTRAC CODE: BS17**

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](http://www.roedentallab.com/forms)



### FAQ & MORE

[www.roedentallab.com/miniComfort](http://www.roedentallab.com/miniComfort)