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 Local 216 663 2233 Toll Free 800 228 6663
 Fax 216 663 2237 Martins Ferry, OH (Branch) 740 633 9401
 www.roedentallab.com Jamestown, NY (Branch) 716 664 9032

Doctor Name _____ Date _____

Address _____

Patient Name _____ Age _____ Sex M F

RETURN BY 5:00 P.M. ON _____ Phone _____

- Expedite - expedite requests will be honored, additional fees apply
 Send Supplies Rx Shipping Labels Boxes Time Requirements

FIXED RESTORATIONS

Please **X** applicable boxes. ROE standards (★) will apply if no selection is made

RESTORATION TOOTH#

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

MATERIAL

- TLZ Monolithic Zirconia
 PFZ Porcelain to Zirconia
 e.Max Monolithic
 e.Max Layered
 ~~Bruxzir~~
 Porcelain to Metal
 Full Cast

RETURN

- ★ Complete
 Try-in Resin Coping
 Evaluate/Call Dr. Trim Dies
 CAD/CAM Provisional
 Diagnostic Wax-up
 ★ Digital Level 1 Level 2
 Vac Matrix Silicon Matrix

METAL ALLOY SELECTION

- Hi Noble White Yellow
 Noble White Yellow (All Metal)
 ★ Non-Precious-White

SUBSTRUCTURE DESIGN TOOTH

- ★ 360° Porc. On Metal _____
 Porc. Butt Margin _____
 Metal Lingual Band _____
 360° Metal Band _____
 Metal Occlusal _____
 Zirconia / Metal Lingual _____
 Crown Designed for Partial _____
 Twin Clasp Technique _____

IMPLANT DESIGN

- Implant Brand/Type _____ (required)
 Titanium Abutment Zirconia Abutment
 ROE Custom OEM Custom
 Tissue Blanching Ideal No Blanching
 Place Screw Access Hole Do Not Cement
 One Piece Screw Retained
 TLZ-SR PFM-SR PFZ-SR Emax-SR

PONTIC DESIGN



Lab Use Only

Dr. called by _____ Date _____

Lot Numbers 1 _____ 2 _____ 3 _____

CASE SPECIFICATIONS

SHADE _____ PREPARATION SHADE (Required for all ceramics) _____

IN LABORATORY Shade Analysis Smile Analysis Custom Stain



OCCLUSAL ANATOMY ★ Match Adj./Partner Ideal

OCCLUSAL STAIN ★ Light Medium Dark None

TRANSLUCENCY ★ Standard Increased Minimal Drawn on Shade Map Above

STUDY MODEL FOR Guidance Exact Duplication Incisal Edge Position

CONTOUR ★ Match Adjacent/Partner Match Study Model Ideal

OCCLUSION ★ Light Full Occlusion Out of Occlusion

IF DEFICIENT OCCLUSAL SPACE Reduction Coping Reduce/MarkOpp. Call

REASON FOR RESTORATION Close Spaces Discoloration Esthetics Other

CONTACTS ★ Standard Extra Broad Point Leave Diastema _____

FUTURE RESTORATIONS PLANNED _____

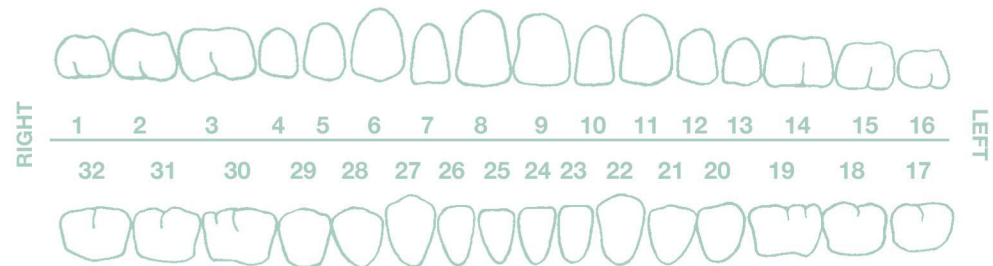
Instructions



reg
\$99

pvs
\$89

IOS
\$79



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 1/2% (18%/yr.) finance charge will be added to all balances due over 30 days.