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www.roedentallab.com Jamestown, NY (Branch) 716 664 9032

REMOVABLE RESTORATIONS

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

SHADE _____

MOULD _____

FULL DENTURE Upper Lower

- Acrylic Shade Standard Pink ★ Dark
- Custom Tray
- Processed Bite Rim (Acrylic Shade Req.)

DIGITAL DENTURE

- IMPACT Set-up & Finish (No Try-In Req.) ★
 - Ideal Arrangement ★ Match Study
 - Cards of Teeth Printed Teeth
 - Reverse Reset (Modification or Reprinting)
- Milled Set-up and Printed Try-In
 - Reset and Reprint Reset and Finish
- Ivotion Milled Monolithic Finish

CONVENTIONAL DENTURE

- Wax Set-up
 - Ideal Arrangement ★ Match Study
 - Premium Teeth ★ Economy Teeth
 - Reset for Try-In Reset for Finish
- Conventional Acrylic Finish (Wax Try-In Req.)
- Duplicate Denture From File CBCT Flask
- Immediate Remove Teeth # _____

REPAIRS & RELINES

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

OTHER SERVICES

- Custom Tray Solid Perf.
- Permanent Soft Liner
- A.E.D. Duplicate Denture
- Bleach Tray Opalescent Foam
- Implant Surgical Guide Teeth #
 - CBCT Acrylic Guide Rite _____
- Clear Duplicate Denture
- Essix Teeth # _____

PARTIAL DENTURE Upper Lower

- Framework Metal Zirlux Acetal
 - Try-In Casting w/ BB w/Setup
- Handpacked Pontics Teeth # _____
- Alternative Clasp Design Teeth # _____
 - Tooth Colored Pink Laser Wire
- Valplast w/ Cast Substructure
 - Try-In w/Setup Finish
- Flipper w/WW Clasps Teeth # _____

BITE SPLINT Upper ★ Lower

- Eclipse Acrylic★ w/ Soft Thermoplastic
- Comfort H/S H/H
- Digital Splint w/ model w/o model
- Astron CLEARsplint
- Vacuform Nightguard Soft Dual
- miniComfort® Day 4.0 ★ Night 6.0
- Bruxism Design (flat w/cusp contact)★
 - w/3mm Labial Coverage w/★ w/o
- TMJ Design (Anterior Guidance)
 - w/3mm Labial Coverage w/★ w/o

ORTHODONTICS

- Fixed Space Maintainer Gelb
- Hawley Tanner Other
- Ortho Aligners

IMPLANT CASE DESIGN

See website for special implant Rx

- Implant Brand _____ (required)
- Overdenture Conus
- Hybrid Hybrid Bar Try-In
- TLZ-IB Prettau Ultra-Nano
- iJig RAPID Appliance Printed Try-In
- Locator ERA Bredent O-Ring
- Other _____

Doctor Name _____ Date _____

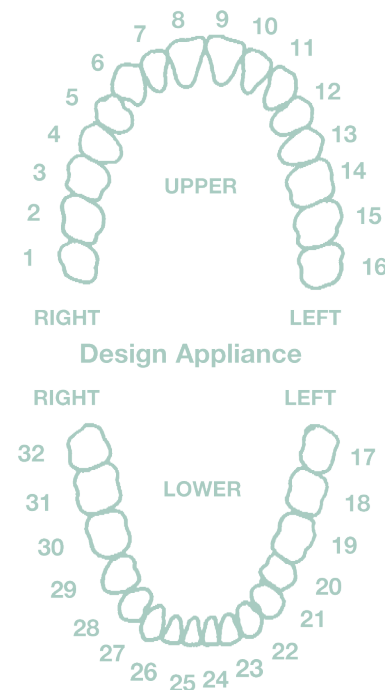
Address _____

Patient Name _____ Age _____ Sex M F

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

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

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.