

Doctor Name* _____ Date _____

Address* _____

City* _____ State* _____ ZIP* _____

Email* _____ Phone* _____

Patient Name* _____ Age* _____ Male Female

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

DO YOU NEED?

Rx
 Boxes
 Days in Lab
 Shipping Labels

CALL ME

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

TOOTH

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

MATERIAL

- TLZ Monolithic Zirconia ●
- zRc Monolithic Zirconia
- Porcelain to Zirconia (PFZ)
- e.max Monolithic
- e.max Layered

- Porcelain to Metal (PFM)
- Full Cast

If PFM or Full Cast, must select color and content:

- | | |
|---------------------------------|------------------------------------|
| Color: | Content: |
| <input type="checkbox"/> White | <input type="checkbox"/> Noble |
| <input type="checkbox"/> Yellow | <input type="checkbox"/> Hi-Noble |
| | <input type="checkbox"/> Base N.P. |

RETURN

- Evaluate/call
- Dr. trim dies
- Complete with model
- Complete w/o model ●
- IOS scan submitted

ADDT'L DESIGN REQUESTS

Please indicate tooth # if applicable.

- Porc. Butt Margin _____
- Metal Occlusal _____
- Crown Designed for Partial _____
- Twin Clasp Technique _____
- Other _____

IMPLANT DESIGN

Implant Line & Platform* _____

- | | | | |
|------------------|---|---------------------------------------|--------------------------------------|
| Tissue Blanching | <input type="checkbox"/> Ideal | <input type="checkbox"/> No Blanching | <input type="checkbox"/> Blanching |
| Custom Abutment | <input type="checkbox"/> Titanium | <input type="checkbox"/> Zirconia | |
| | <input type="checkbox"/> OEM Custom | <input type="checkbox"/> ROE Custom | |
| Screw Retained | <input type="checkbox"/> TLZ-SR | <input type="checkbox"/> PFZ-SR | <input type="checkbox"/> PFM-SR |
| Fixed Full-Arch | <input type="checkbox"/> TLZ-IB | <input type="checkbox"/> Ultra-Nano | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Place screw access hole, but do not cement | | |

DIAGNOSTICS

- Digital diagnostic wax-up ●
- Hand-waxed diagnostic wax-up
- Silicone matrix
- Vac matrix
- CAD/CAM provisional

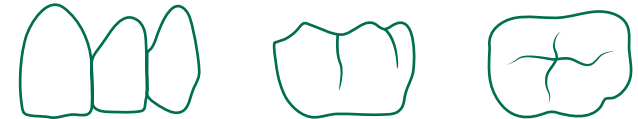
PONTIC DESIGN



Case Specifications

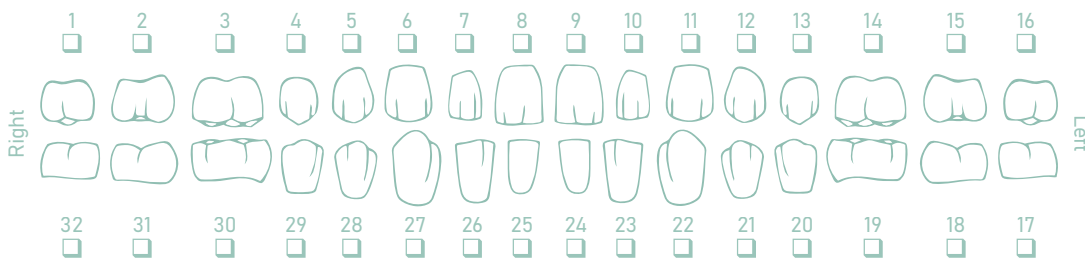
SHADE _____ PREP. SHADE (required for ceramics) _____

Laboratory Visit Shade Analysis Smile Analysis Custom Stain



- Occlusal Anatomy** Match Adjacent/Partner ● Ideal
- Occlusal Contact** Light ● Full Very light Out of occlusion
- Occlusal Stain** Light ● Medium Dark None
- Translucency** Standard ● Increased Minimal As Drawn
- Contact Shape** Standard ● Broad Extra Broad
- Study Model for** Guidance Exact Duplication Incisal Edge Position
- Contour** Match Adj./Partner ● Match Study Model Ideal
- Occlusion with a close bite** Call ● Trim/Mark Opp. Trim w/Coping
- Reason for Restoration** Close Spaces Discoloration Esthetics Other
- Future Restorations Planned** _____

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