

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 _____

RETURN

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

DIAGNOSTICS

Digital diagnostic wax-up ● _____
Hand-waxed diagnostic wax-up _____
Silicone matrix Vac matrix _____
CAD/CAM provisional _____
Send .STL file only _____

IMPLANT DESIGN

Implant Line & Platform* _____

Tissue Blanching	Ideal	No Blanching	Blanching
Custom Abutment	Titanium	Zirconia	
	ROE Custom ●	OEM Custom	
Screw Retained	TLZ-SR	PFZ-SR	PFM-SR
Fixed Full-Arch	TLZ-IB	Ultra-Nano	Other _____
	Place screw access hole, but do not cement		

ADDT'L DESIGN REQUESTS

Please indicate tooth # if applicable.

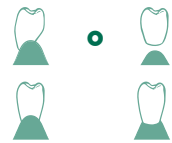
Metal Occlusal _____

Crown Designed for Partial _____

Twin Clasp Technique _____

Other _____

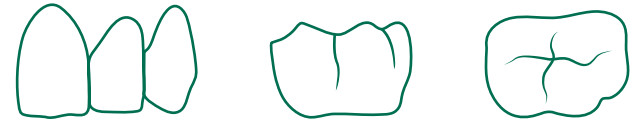
PONTIC DESIGN



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

MATERIAL

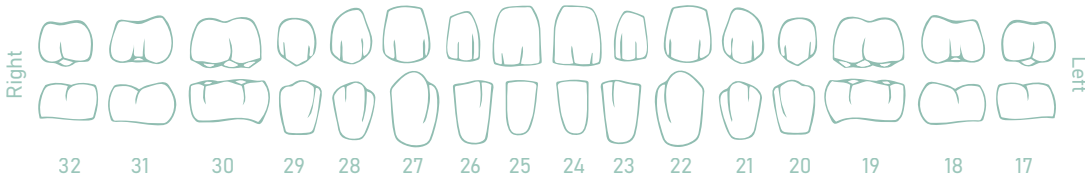
TLZ Monolithic Zirconia ●
zRc Monolithic Zirconia
Porcelain to Zirconia (PFZ)
e.max Monolithic
e.max Layered

Porcelain to Metal (PFM)
Full Cast

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

Color:	Content:
White	Noble
Yellow	Hi-Noble
	Base N.P.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



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