

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

SHADE/MOULD _____

FULL DENTURE Upper Lower

- Custom Tray
- Bite Rim
- Processed Bite Rim *(acrylic shade req.)*

DIGITAL DENTURE

IMPACT™ (Printed) Set-up & Finish *(no try-in req., picture req.)*

- Ideal Arrangement ● Immediate Match Study
- Premium Teeth ● Economy Teeth
- IMPACT Reverse Reset *(modification or reprinting)*

Ivotion™ (Milled) Set-up for Printed Try-In

- Ideal Arrangement ● Match Study
- Ivotion Reset and Reprint
- Reset and Finish
- Ivotion Milled Finish

CONVENTIONAL DENTURE

- Wax Set-up Ideal Arrangement ● Match Study
- Teeth Premium ● Economy
- Reset For Try-In For Finish
- Finish Conventional Acrylic *(wax try-in req.)*
- Duplicate Denture File CBCT
- from: Flask IOS

REPAIRS & RELINES

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

OTHER SERVICES

- Custom Tray Solid Perf.
- Bleach Tray Opalescent Foam
- Duplicate Denture AED Clear
- Permanent Soft Liner
- Essix® Teeth: _____

ACRYLIC SHADE Pink ● Dark Pink

PARTIAL DENTURE Upper Lower

- Metal Try-In
- Framework With BB With Setup
- Handpack Pontics Teeth # _____
- Alt. Clasp Design Teeth # _____
- Pink Clear
- Laser Wire
- Flexible TCS Resin Add Cast Subst.
- Framework Zirlux Acetal Try-In w/ Setup
- Flipper Add WW Clasps Teeth # _____
- Without WW Clasps

BITE SPLINT Upper ● Lower

- Design Bruxism ●
- TMJ *(anterior guidance)*
- With 3mm Labial Coverage ●
- Return With Model ● Model-free

- CLEARguard™ Hard w/Memory Liner *(model req.)*
- Hard ● Semi-soft
- Comfort Hard/Soft
- Vacuform Guard Soft Dual
- miniComfort® Day 4.0 ● Night 6.0

ORTHODONTICS

- For aligner Rx, visit www.roedentallab.com/CLEARalinerx
- CLEARaline™ Ortho Aligner
- Fixed Space Maintainer
- Hawley Tanner Essix® Gelb

IMPLANT CASE DESIGN

For full arch Rx, visit www.roedentallab.com/archrx

- Implant Line & Platform***
- Diagnostic Tools Fit verification jig
- Screw-retained bite rim
- iJIG™ Printed Try-In
- Prosthetic Design Conus Locator®
- Bredent ERA® O-Ring
- Hybrid Hybrid Bar Try-In
- Other _____
- Surgical Guide Teeth # _____
- Acrylic CBCT Guide Rite

Doctor Name* _____ Date _____

Address* _____

City* _____ State* _____ ZIP* _____

Email* _____ Phone* _____

Patient Name* _____ Age* _____ Male Female

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

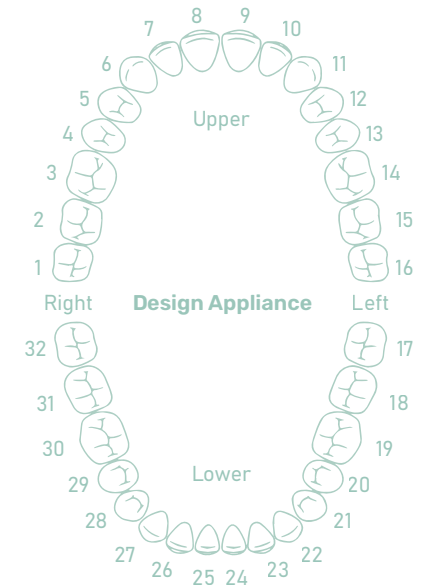
CALL ME

DO YOU NEED?

Rx Days in Lab

Boxes Shipping Labels

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