

Placing doctor _____ License # _____
 Address _____ City _____ St ____ Z _____
 Email _____ phone _____ cell _____
 Patient _____ **Deliver case to which office** _____
Surgery Date _____ (5 lab days to prep for online meeting once all records are received, 10 lab days post on-line meeting)

Restoring doctor _____ License # _____ Include in on line meeting
 Address _____ City _____ St ____ Z _____
 Email _____ phone _____ cell _____

Surgical:

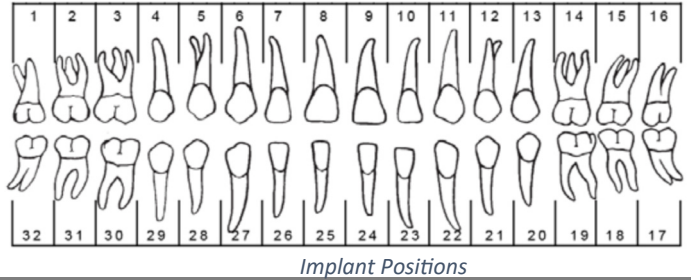
Arch: Max / Man / Both (circle one)

Implant positions MAX _____

Implant positions MAN _____

Implant brand _____ Implant line _____

Fully Guided Kit : _____



CT Scan: Maxillary Arch

- CT Scan Max Upper Patient Scan
- CT Scan Max Upper Appliance Scan

Mandibular Arch

- CT Scan Man Lower Patient Scan
- CT Scan Man Lower Appliance Scan



Full Smile



Retracted & Sides In Occlusion

Important Notes about CT Scans:

CT Scans —when scanning dentate patients always keep patients open biting on cotton rolls

Metal Restorations * If patient has many metal restorations, make a scan appliance and take scan of the patient wearing the appliance, and scan of the appliance alone

Patient wears a denture * ensure sure denture fits very well. If not make hard relines. Then put 1mm Gutta Percha markers randomly in denture and take the two scans: patient wearing denture in occlusion, and then denture alone (see ROE website for instructions or call).

Records Digital Impression System _____ OR Polyvinyl impressions or models

Bite is very difficult PolyVinyl Registration Bite Block

Open VDO _____mm Close VDO _____mm

Shade _____ Smile Ideal smile or Duplication of current smile or See notes

Clinical photos: Full smile photo is imperative for esthetics of final prosthesis

Special instruction:

ROE To Include These Items in My Case: (* Sent with all cases unless crossed out)

- Implants Abutments Temporary cylinders * Reusable drill & pins
- Premium Back-up denture \$300 (standard) AED denture \$150
- *Include Voco Kit Schedule Chairside Assistance

Ship cases to: ROE Dental Laboratory 7165 E. Pleasant Valley Rd. Independence, OH 44131 800 228 6663 f 216 663 2237

Upload DICOM, photographs, digital impressions .stl's, other documents via www.roedentallab.com (top of site "Upload")