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www.roedentallab.com

REMOVABLE RESTORATIONS

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

FULL DENTURE Upper Lower PARTIAL DENTURE Upper Lower

- ★ Processed Bite Rim (Acrylic Shade Req)
 - Economy Bite Rim
 - Set-up
 - ★ Ideal Arrangement
 - ★ Lingualized Occlusion
 - Match Study Model
 - Staub Cranial
 - Digital Denture Set-up
 - Digi Denture Pala Avadent
 - Reset for Try-in
 - Reset and Finish
 - Finish
 - Immediate Teeth # _____
- Framework
 - ★ Metal Zirlux Ultraire
 - Try-in Casting
 - Try-in w/Bite Block
 - Try-in 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 # _____

ACRYLIC SHADE

- ★ Preference (Pink)
- Dark Pigment

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 Opaescent Foam
- Implant Surgical Guide Teeth# _____
 - CBCT Acrylic Guide Rite

BITE SPLINT ★ Upper Lower

- ★ Eclipse Acrylic w/ Soft Thermoplastic Liner
- Comfort H/S H/H
- Vacuform Nightguard Soft Dual
- MiniComfort® ★ Day 4.0 Night 6.0
- ★ Bruxism Design (flat w/cusp contact)
 - ★ w/3mm Labial Coverage
 - w/no Labial Coverage
- TMJ Design (Anterior Guidance)
 - ★ w/3mm Labial Coverage
 - w/no Labial Coverage

ORTHODONTICS

- Fixed Space Maintainer Gelb
- Hawley Tanner Other

IMPLANT CASE DESIGN

- Implant Brand _____
- Overdenture Hybrid TLZ-IB (Prettau)
- CAD Bar Conus Freestanding
- Locator ERA Bredent O-Ring Other

TEETH

- ★ Premium
- Economy
- _____

SHADE _____

MOULD _____

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

Special miniComfort® Rx

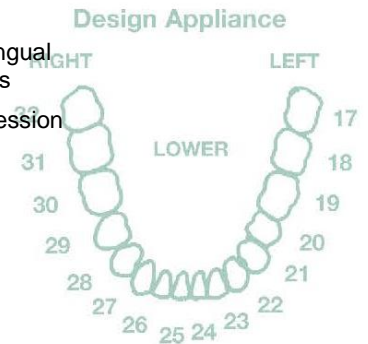
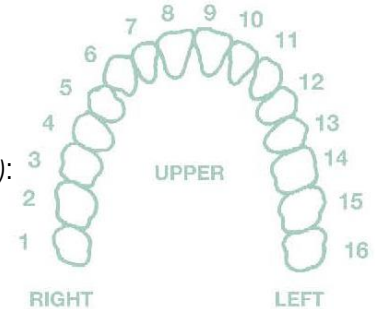
Today's Options (Please select an option below):

- 4.0 + 4.0 = Standard miniComfort
- 4.0 + 6.0 = Daytime and Nighttime
- 6.0 + 6.0 = Increased protection

Included:

Mandibular cast: captured the full labial and lingual vestibules back to the 2nd Bi's

Maxillary: model is standard C&B impression



Signature _____ License # _____

The person signing this work order accepts responsibility for payment and agrees to pay all collection costs including attorney's fees. A 1½% (18%/yr.) finance charge will be added to all balances due over 30 days.

Lab Use Only

Dr. called by _____ Date _____

Lot Numbers 1 _____ 2 _____ 3 _____