



7165 East Pleasant Valley Road
 Independence, Ohio 44131
 Local 216 663 2233 Toll Free 800 228 6663
 Fax 216 663 2237 Martins Ferry 740 633 9401
 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) Cast Framework
- Economy Bite Rim Standard Premium Wironium
- Set-up Try-in Casting
- ★ Ideal Arrangement Try-in w/Bite Block
- ★ lingualized Occlusion Try-in w/Setup
- Match Study Model Handpacked Pontics Teeth # _____
- Characterized (See Instructions) Alternative Clasp Design Teeth # _____
- Staub Cranial Tooth Colored Clear Laser Wire
- Digital Denture Set-up Valplast w/ Cast Substructure
- Pala Avadent Try-in w/Setup Finish
- Reset for Try-in Flipper w/WW Clasps Teeth # _____
- Reset and Finish
- Finish
- Immediate 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 Opalescent Foam
- Implant Surgical Guide
- Acrylic Guide Rite CBCT

BITE SPLINT ★ Upper Lower

- ★ Eclipse Acrylic w/ Soft Thermoplastic Liner
- Comfort H/S H/H
- Vacuum Nightguard Soft Dual
- Mini Comfort 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

- 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

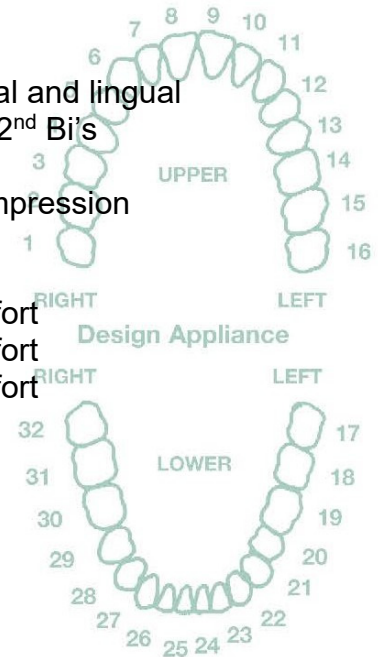
Send Rx Shipping Labels Boxes Time Requirements

Instructions

Special MiniComfort Rx

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

Maxillary : model is standard C&B impression



- 4.0 + 4.0 = Standard MiniComfort
- 4.0 + 6.0 = Standard MiniComfort
- 6.0 + 6.0 = Standard MiniComfort

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 _____