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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
 - Characterized (See Instructions)
 - Staub Cranial
 - Digital Denture Set-up
 - Pala Avadent
- Reset for Try-in
- 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 Opaescent Foam
- Implant Surgical Guide
 - Acrylic Guide Rite CBCT

- Cast Framework
 - Standard Premium Wironium
 - Try-in Casting
 - Try-in w/Bite Block
 - Try-in w/Setup
- Handpacked Pontics Teeth # _____
- Alternative Clasp Design Teeth # _____
 - Tooth Colored Clear Laser Wire
- Valplast w/ Cast Substructure
 - Try-in w/Setup Finish
- Flipper w/WW Clasps Teeth # _____

BITE SPLINT ★ Upper Lower

- ★ Eclipse Acrylic w/ Soft Thermoplastic Liner
- Comfort H/S H/H
- Vacuform 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

SPLINT MATERIAL OPTIONS

MiniComfort (4.0 and / or 6.0) **\$99**

MiniComfor (1) + Comfort H/S **\$118**

Comfort H/S – Hard / Soft **\$59**

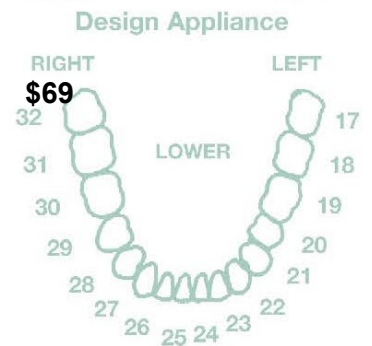
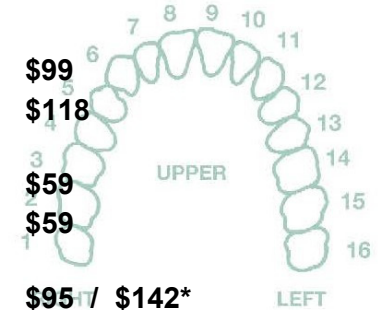
Comfort H/H – Hard / Hard **\$59**

Eclipse – hard bruising
* with soft liner **\$95/ \$142***

CLEARsplint
just heat and seat **\$69**

Upper / Lower (circle one)

Additional details are on the left



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 _____