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 www.roedentallab.com FDA Registration #3004935521

REMOVABLE RESTORATIONS

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

- FULL DENTURE** Upper Lower
 ★ESP Bite Rim (Specify Acrylic Shade)
 Economy Bite Rim
 Set-up
 ★Ideal Arrangement
 Staub Cranial
 Match Study Model
 Characterized (See Instructions)
 ★Lingualized Occlusion
 ★Reset for Try-in
 Reset and Finish
 Finish
 Immediate Teeth # _____
 Soft Gasket Teeth # _____

ESP IVOCAP ACRYLIC SHADE

- ★Preference (Pink)
 Dark Pigmented

REPAIRS & RELINES

- Reline Upper Lower
 Reline w/Soft Liner
 Rebase Denture Upper Lower
 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 Stent
 Acrylic Guide Rite CT Based

PARTIAL DENTURE Upper Lower

- Cast Partial
 Regular Premium Wironium
 Tooth Colored Clasps Teeth # _____
 Laser Weld Clasps Teeth # _____
 Handpacked Pontics Teeth # _____
 Metal Pontics Teeth # _____
 Flipper w/WW Clasps Teeth # _____
 Valplast Partial w/Cast Framework
 Try-in Casting
 Try-in w/Bite Rim
 Try-in w/Setup

BITE SPLINT Upper Lower

- TMJ Design (anterior guidance)
 w/3mm labial coverage
 w/no incisal coverage
 Bruxism Design (flat w/cusp contact)
 w/3mm labial coverage
 w/no incisal coverage
 Neuromuscular Orthotic
 Ortho Acrylic w/Thermaflex
 Ivocap Acrylic w/Thermaflex
 Flexite Plastic w/Thermaflex
 Vac. Form Nightguard Soft Dual
 Elastomer Soft Nightguard

ORTHODONTICS

- Fixed Space Maintainer Gelb
 Hawley Tanner Other

IMPLANT CASE DESIGN

- Overdenture Hybrid
 CAD Bar Cast Bar Conus Freestanding
 Locator ERA Bredent O-Ring Other

TEETH

- ★Ivoclar
 Economy

SHADE _____

MOULD _____

Doctor Name _____ Date _____

Address _____

Patient Name _____ Age _____ Sex M F

RETURN BY 5:00 P.M. ON _____ Phone _____

Request delivery prior to appointment date, please refer to time requirements.

Send Rx Shipping Labels Boxes Time Requirements

Instructions

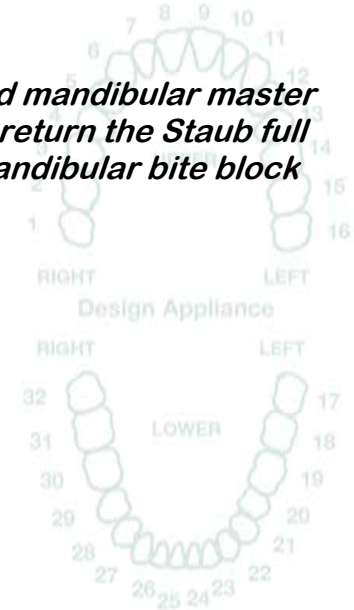
Staub Cranial Denture

Enclosed find final maxillary and mandibular master casts (or impressions). Please return the Staub full maxillary set-up, mandibular mandibular bite block on final processed bases.

Shade _____

Age _____

m / f _____



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 1/2% (18%/yr.) finance charge will be added to all balances due over 30 days.

Lab Use Only

Dr. called by _____ Date _____