

Placing doctor _____ License # _____
 Address _____ City _____ St ____ Z _____
 Email _____ phone _____ cell _____
 Patient _____ Deliver case to which office _____

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

Surgical:

Implant Positions

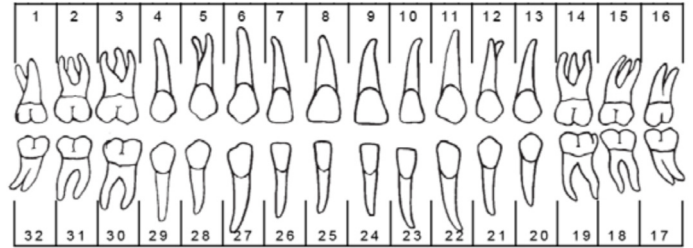
Arch: Max / Man / Both (circle one)

Implant positions MAX _____

Implant positions MAN _____

Implant brand _____ Implant line _____

Fully Guided Kit : _____



Records Digital Impression System _____ OR Polyvinyl impressions or models

Open VDO _____mm Close VDO _____mm

Shade _____

Smile: SmileSIM Duplication of current smile or See notes

Clinical photos: must include full face / full smile, and close-up retracted in occlusion

Special instruction:

CT Scan: Maxillary Arch

Mandibular Arch

CT Scan Max Patient Scan

CT Scan Man Patient Scan

CT Scan Max Appliance Scan

CT Scan Man Appliance Scan

Important Notes about CT Scans:

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

Patient wears a denture - ensure sure denture fits very well and there is NO soft liner. Place scan markers or 1mm diameter Gutta Percha markers randomly in denture and take the two scans: patient wearing denture in occlusion, and then denture alone on cotton rolls or packing foam (see ROE website for instructions or call).

ROE To Include These Items in My Case:

Fixation Kit -required for surgery (drill & pins)

Implants Abutments Temporary cylinders

Prosthetic Conversion Kit

Premium Back-up denture \$300

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")

