



7165 E Pleasant Valley Rd, Independence, OH 44131

Local (216) 663-2233 Toll Free (800) 228-6663  
 Fax (216) 663-2237 Martins Ferry, OH (Branch) (740) 633-9401  
 www.roedentallab.com Jamestown, NY (Branch) (716) 664-9032

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

RETURN BY 5:00 P.M. ON \_\_\_\_\_ Expedite *same day and expedite requests will be honored, add'l fees apply.*

Send supplies Rx Shipping Labels Boxes Time Requirements

## FIXED RESTORATIONS

See reverse side for removable options.

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

### RESTORATION TOOTH #

Crown \_\_\_\_\_  
 Bridge \_\_\_\_\_  
 Pontic \_\_\_\_\_  
 Inlay/Onlay \_\_\_\_\_  
 Veneer \_\_\_\_\_  
 Implant \_\_\_\_\_

### MATERIAL

TLZ Monolithic Zirconia  
 zRc Monolithic Zirconia  
 PFZ Porcelain to Zirconia  
 e.max Monolithic  
 e.max Layered  
 Porcelain to Metal  
 Full Cast

### RETURN

Complete ★  
 Complete w/o Model from IOS/PVS Scan  
 Try-In Resin Coping  
 Evaluate/Call Dr. Trim Dies  
 CAD/CAM Provisional  
 Diagnostic Wax-up  
 Digital ★ Level 1 Level 2  
 Vac Matrix Silicone Matrix

### METAL ALLOY SELECTION

Content Hi Noble Noble Base Non-Precious  
 Color White Yellow

### IMPLANT DESIGN

Implant Line & Platform *(required)* \_\_\_\_\_  
 Tissue Blanching Ideal No Blanching  
 Custom Abutment Titanium Zirconia  
 ROE Custom OEM Custom  
 One Piece Screw Retained  
 TLZ-SR PFZ-SR PFM-SR  
 Place Screw Access Hole, but Do Not Cement

### SUBSTRUCTURE DESIGN TOOTH #

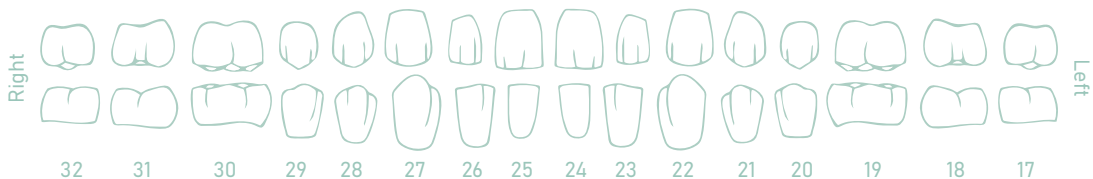
360° Porc. Coverage ★ \_\_\_\_\_  
 Porc. Butt Margin \_\_\_\_\_  
 Metal Lingual Band \_\_\_\_\_  
 360° Metal Band \_\_\_\_\_  
 Metal Occlusal \_\_\_\_\_  
 Zirconia/Metal Lingual \_\_\_\_\_  
 Crown Designed for Partial \_\_\_\_\_  
 Twin Clasp Technique \_\_\_\_\_

### PONTIC DESIGN



Please indicate design

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



## CASE SPECIFICATIONS

SHADE \_\_\_\_\_

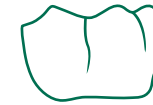
PREP. SHADE *(required for ceramics)* \_\_\_\_\_

In Laboratory

Shade Analysis

Smile Analysis

Custom Stain



Occlusal Anatomy

Match Adjacent/Partner ★

Ideal

Occlusion

Light ★

Full Occlusion

Out of Occlusion

Occlusal Stain

Light ★

Medium

Dark

None

Translucency

Standard ★

Increased

Minimal

As Drawn

Contacts

Broad ★

Extra Broad

Point

Leave Diastema \_\_\_\_\_

Study Model for

Guidance

Exact Duplication

Incisal Edge Position

Contour

Match Adj./Partner ★

Match Study Model

Ideal

If Deficient Occlusal Space

Call

Reduce/Mark Opp.

Reduce w/Coping

Reason for Restoration

Close Spaces

Discoloration

Esthetics Other

Future Restorations Planned \_\_\_\_\_

### Instructions

Signature \_\_\_\_\_

License # \_\_\_\_\_

The person signing this work order accepts responsibility for payment and agrees to pay all collection costs including attorney's fees. A 1.5% (18%/yr.) finance charge will be added to all balances due over 30 days.

For the most up-to-date Rx & forms, please visit [www.roedentallab.com/forms](http://www.roedentallab.com/forms)