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 Toll Free (800) 228-6663 Visit our customer hub  
 Fax (216) 663-2237 [www.roedentallab.com/customerhub](http://www.roedentallab.com/customerhub)



Customer Hub

Doctor Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Male Female  
**RETURN BY 5:00 P.M. ON** \_\_\_\_\_ Phone \_\_\_\_\_  
 Expedite - same day and expedite requests will be honored, additional fees apply.

<b>CALL ME</b>	<b>DO YOU NEED?</b>	Rx	Time Requirements
		Boxes	Shipping Labels

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

**IMPLANT**

Implant Line & Platform (required) \_\_\_\_\_

**MATERIAL**

TLZ-IB Full Zirconia (Prettau-type)	10
Ultra Nano w/ Trilor® Bar w/ Ti Bar	10
PMMA (Long-term)	6
iJIG™ (Fit Verification w/ Teeth)	6
Printed Try-In (Prototype of Final)	6
Printed Try-In (Reset of Prototype)	6

**DAYS IN LAB**

**DESIGN & ESTHETICS**

ROE will use available tools and resources to mimic Dr.'s request.

- Copy Surgical Prosthetic
- Copy iJIG™
- Copy Printed Try-In
- Copy Conversion Prosthetic
- Copy RAPID Appliance
- Use Original SmileSIM®
- Denture Tooth Set-Up

**TOOTH DESIGN**

- Midline Shift (to patient's left/right) \_\_\_\_\_mm Left \_\_\_\_\_mm Right
- Move Incisal Edge Maxilla \_\_\_\_\_mm Apical \_\_\_\_\_mm Incisal
- Move Incisal Edge Mandible \_\_\_\_\_mm Apical \_\_\_\_\_mm Incisal
- Move Max. Plane of Occlusion \_\_\_\_\_mm Up \_\_\_\_\_mm Down
- Move Anteriors Maxilla \_\_\_\_\_mm Facially \_\_\_\_\_mm Palatally
- Move Anteriors Mandible \_\_\_\_\_mm Facially \_\_\_\_\_mm Palatally
- Desired Central Dimensions \_\_\_\_\_mm Length \_\_\_\_\_mm Width
- Change Tooth Shape as explained in instructions

Bite Classification I II III

Please ✓ teeth numbers to omit



**NEW RECORDS TO USE**

- New Bite Registration
- New Photo
- New Impression
- New Tissue Impression
- Returned Articulation

**TOOTH SHADE** \_\_\_\_\_



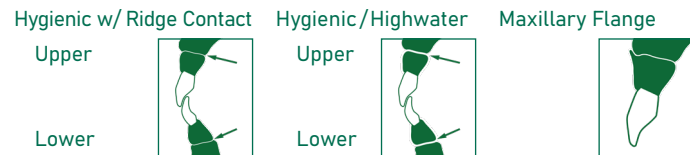
**OCCLUSAL STAINING**

- None ★
- Light
- Medium
- Dark



**TISSUE TRANSITION DESIGN** required

Copy Try-In Design Exactly  
 Copy Try-In Design, Following Instructions Below



**TISSUE SHADE**

- Pink
- Lighter Pigment ★
- Darker Pigment
- Use Enclosed Sample

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)