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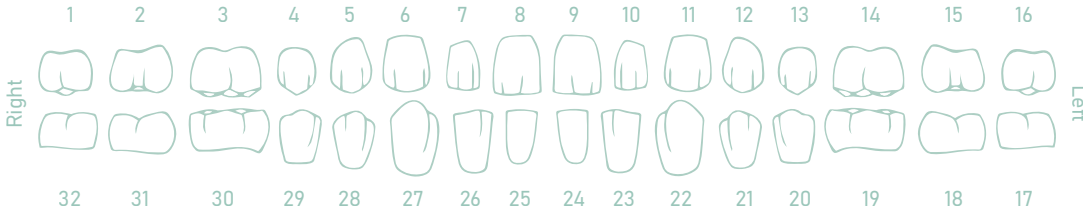
Customer Hub

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

SURGICAL

Arch Maxillary Mandibular Both
 Implant positions (maxillary) _____ (mandibular) _____
 Implant brand _____ Implant line _____
 Fully Guided Kit _____

Please ✓ implant positions



RECORDS

Digital Impression System _____ OR Polyvinyl impressions or models
 Open VDO _____mm Close VDO _____mm
 Shade _____
 Smile: SmileSIM® Duplication of current smile See Instructions
 Clinical photos (must include full face/full smile, and close-up retracted in occlusion)



CT SCAN

Maxillary Patient CT Scan Mandibular Patient CT Scan
 Maxillary Appliance CT Scan Mandibular Appliance CT Scan

When scanning **dentate** patients, always keep patients open biting on cotton rolls
If patient wears a denture, ensure denture fits very well and there is NO soft liner. Place scan markers or 1mm diameter Gutta Percha markers randomly and take two scans: 1. Patient wearing denture in occlusion 2. Denture alone on cotton rolls or packing foam.
 For more information, see www.roedentallab.com/recordsFAQ or call.

ROE TO INCLUDE WITH CASE

Fixation Kit (required for surgery, includes drill & pins)
 Prosthetic Conversion Kit
 Implants Abutments Temporary cylinders
 Premium Back-up Denture
 Schedule Chairside Assistance

Patient Name _____ Date _____
 Placing Doctor _____ License # _____
 Address _____
 City _____ State _____ ZIP _____
 Email _____ Phone _____

DELIVER CASE TO OFFICE

Restoring Doctor _____ License # _____
 Same as placing doctor Include in online meeting
 Address _____
 City _____ State _____ ZIP _____
 Email _____ Phone _____

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