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 Fax (216) 663-2237 Martins Ferry, OH (Branch) (740) 633-9401
 www.roedentallab.com Jamestown, NY (Branch) (716) 664-9032

REMOVABLE RESTORATIONS

See reverse side for fixed options.

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

SHADE _____

MOULD _____

FULL DENTURE

Acrylic Shade
 Custom Tray
 Processed Bite Rim *(acrylic shade req.)*

Upper

Pink ★

Lower

Dark Pink

DIGITAL DENTURE

IMPACT™ (Printed) Set-up & Finish *(no try-in req., picture req.)* ★
 Ideal Arrangement ★ Immediate Match Study
 Premium Teeth ★ Economy Teeth
 IMPACT™ Reverse Reset *(modification or reprinting)*

Ivotion™ (Milled) Set-up for Printed Try-In
 Ideal Arrangement ★ Match Study
 Ivotion™ Reset and Reprint Reset and Finish
 Ivotion™ Milled Finish

CONVENTIONAL DENTURE

Wax Set-up
 Ideal Arrangement ★ Match Study
 Premium Teeth ★ Economy Teeth
 Reset for Try-In Reset for Finish
 Conventional Acrylic Finish *(wax try-in req.)*
 Duplicate Dent. from: File CBCT Flask IOS
 Immediate Remove Teeth # _____

REPAIRS & RELINES

Reline
 Reline w/Soft Liner
 Rebase Denture
 Replace Teeth # _____
 Fracture Repair _____

Laser Weld	Clasp	Retention
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OTHER SERVICES

Custom Tray	Solid	Perf.
Bleach Tray	Opalescent	Foam
Duplicate Denture	AED	Clear
Permanent Soft Liner		
Essix® Teeth:	_____	

PARTIAL DENTURE

Framework	Metal	Zirlux® Acetal
Try-In Casting	w/BB	w/Setup
Handpacked Pontics Teeth #	_____	
Alternative Clasp Design Teeth #	_____	
Tooth-Colored	Pink	Laser Wire
Valplast®	w/Cast Substructure	
Try-In w/Setup	Finish	
Flipper	w/WW Clasps Teeth # _____	

BITE SPLINT

	Upper ★	Lower
Design	Bruxism ★	TMJ <i>(anterior guidance)</i>
	w/3mm Labial Coverage ★	
Return	w/Model ★	Model-free
	CLEARguard™ Hard/Soft w/Memory Liner <i>(model req.)</i>	
	CLEARguard™ Hard	
	CLEARguard™ Semi-soft	
Vacuform Nightguard	Soft	Dual
miniComfort®	Day 4.0 ★	Night 6.0

ORTHODONTICS

Fixed Space Maintainer	Gelb
Hawley Tanner	Essix®
CLEARalign™ Ortho Aligner	

For aligner Rx, visit www.roedentallab.com/clearalignrx

IMPLANT CASE DESIGN

For full arch Rx, visit www.roedentallab.com/archrx

Implant Line & Platform *(required)* _____

Overdenture	Conus
Hybrid	Hybrid Bar Try-In
TLZ-IB Prettau®	Ultra-Nano w/ Trilor® w/ Ti
RAPID Appliance	iJIG™ Printed Try-In
Locator®	Bredent ERA® O-Ring
Other	_____

Implant Surgical Guide Teeth # _____

Acrylic	CBCT	Guide Rite
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Customer Hub



Doctor Name _____ Date _____

Address _____

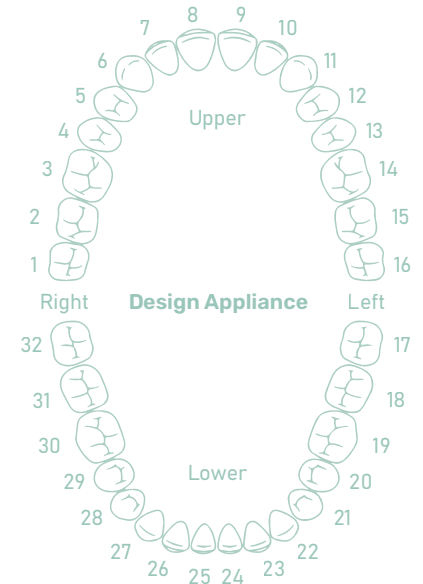
Patient Name _____ Age _____ Gender M F

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

Expedite - same day and expedite requests will be honored, additional fees apply.

Send supplies Rx Shipping Labels Boxes Time Requirements

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