



REMOVABLE RESTORATIONS

WORK AUTHORIZATION FORM

DR. SIGNATURE REQUIRED

www.roedentallab.com

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

SHADE _____

FULL DENTURE

☐ Upper ☐ Lower

☐ Acrylic Shade ☐ Pink★ ☐ Dark Pink

DIGITAL DENTURE

☐ IMPACT™ (Printed) Set-up & Finish (no try-in req., picture req.)

☐ Ideal Arrangement ★

☐ Immediate

☐ IMPACT™ Reverse Reset (modification or reprinting)

PARTIAL DENTURE ☐ Upper ☐ Lower

☐ Alternative Clasp Design Teeth # _____

☐ Clear ☐ Pink ☐ Laser Wire

FLIPPER

☐ Upper ☐ Lower

☐ w/ WW Clasps Teeth # _____

REPAIRS & RELINES

☐ Reline

☐ Reline w/ Soft Liner

☐ Rebase Denture

☐ Replace Teeth # _____

☐ Fracture Repair _____

☐ Clasp ☐ Retention

OTHER SERVICES

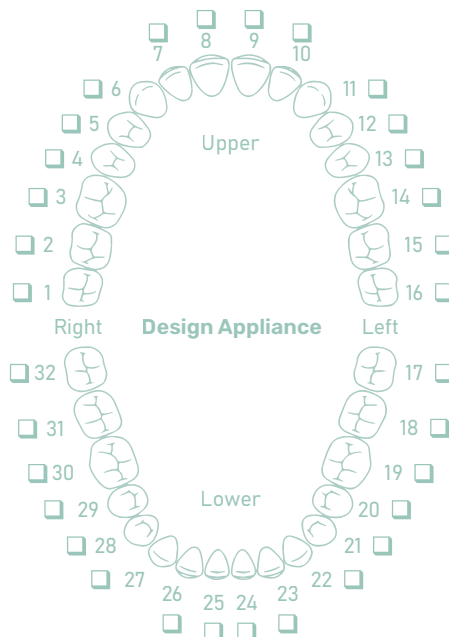
☐ Custom Tray

☐ Duplicate Denture

☐ Permanent Soft Liner



For your online portal to register as a new 360care provider with ROE, print Rx, place supply requests, find contact information, and more - please visit www.roedentallab.com/360care



Doctor Name* _____ Date _____

Shipping Address of Case* _____

City* _____ State* _____ ZIP* _____

Patient Name* _____ Age* _____ ☐ Male ☐ Female

360care Facility* _____

360CARE CASE ID #* _____

RETURN BY 5:00 P.M. ON _____ Dr. Cell* _____

Email* _____

☐ Expedite - same day and expedite requests will be honored, add'tl fees apply.

☐ CALL ME

DO YOU NEED?

☐ Rx

☐ Days in Lab

☐ Boxes

☐ Shipping Labels

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.