ARROWHEAD DENTAL LABORATORY

11170 South State Street • Sandy, Utah 84070
1-800-800-7200 www.arrowheaddental.com

Rx

DOCTOR

STREET

CITY, STATE/COUNTRY, ZIP

TELEPHONE

SIGNATURE DATE

Please construct and deliver to me the dental restoration described herein.

PATIENT'S NAME M F

AGE

PLEASE SEND: Rx ☐ AIRBILLS ☐ BOXES ☐

DATE DUE	LAB USE ONLY
SHIPPING GUIDELINES ON THE BACK	CASE NO.
	NOTICE SENT / SHIP DATE

LEVEL OF AESTHETICS

☐ **ELITE** tooth#(s)_____

Nearest to nature. Ultimate in cosmetic dentistry. Build your practice with the world's finest teeth.

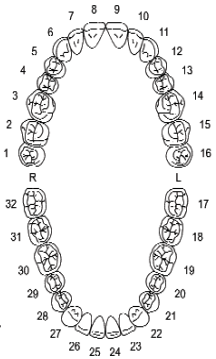
**Elite cases will be evaluated after models are fabricated and mounted. Doctor Relations will call your office to give a delivery date for scheduling.*

☐ **BELLA** tooth#(s)_____

An aesthetic upgrade. Lovely aesthetic appeal. Unique opalescent effect. Undeniably a step up.

☐ **CLASSIC** tooth#(s)_____

Consistent and attractive. Dependable and exceptional quality since1973. Quality for your practice.



NEEDED FOR ALL ANTERIOR OR LARGE CASES:

☐ Full-arch Impression(s) ☐ Bite Registration ☐ AACD Series Photos
☐ Pre-Op model(s) ☐ Facebow ☐ Stick-Bite ☐ Adjusted Temps
☐ Marked cast model indicating tissue recontouring ☐ Photo of Temps

SPECIFIC RESTORATIVE MATERIALS

☐ Have technical support choose the best material according to prep design.

All-Ceramic
IPS e.max® Products:
☐ CAD ☐ ZirPress
☐ Press ☐ ZirMax
☐ IPS Empress® Esthetic
☐ Radiant™ Veneers
☐ **Zirconia** If brand preference exist please indicate: _____
☐ **Alumina**

Porcelain-to-Metal
☐ High Noble (yellow)
☐ High Noble (white)
☐ Noble plus
☐ Captek® (yellow)

Full Cast Crown(s)
☐ High Noble (yellow)
☐ High Noble (white)
☐ Noble (yellow)

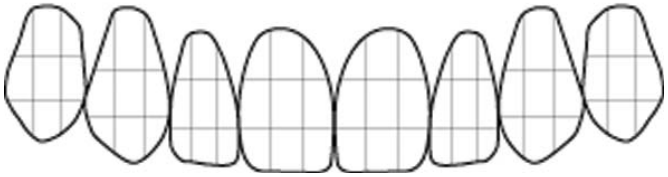
Indirect Composites
☐ Cristobal+®
☐ Provisional
☐ Appliance (Splint therapy)

Nightguards
☐ Hard
☐ Soft

☐ Bleaching tray

COLOR MAPPING

Basic shade _____ **Stump shade** _____ **Shade Guide used** _____



ELITE CHARACTERIZATION GUIDE

Incisal translucency	☐ Heavy	☐ Medium	☐ Light	☐ None
Cervical warming	☐ Heavy	☐ Medium	☐ Light	☐ None
Surface texture	☐ Heavy	☐ Medium	☐ Light	☐ None
Occlusal stain	☐ Heavy	☐ Medium	☐ Light	☐ None
Degree of hypocalcification	☐ Heavy	☐ Medium	☐ Light	☐ None

☐ Incisal checklines

DESIGN REQUIREMENTS

☐ Porcelain-to-margin
☐ Porcelain **Butt** Margin (shoulder prep required)
☐ Lingual Collar _____ mm
☐ Full Metal Collar _____ mm
☐ Metal Saddle Pontic

☐ Sanitary ☐ Ridge lap
☐ Ovate Pontic ☐ Modified

☐ **Diagnostic white wax-up**
Soft Tissue Corrections
☐ Symmetry ☐ Zenith

SPECIAL INSTRUCTIONS (please print)

May we adjust opposing if necessary?
Yes ☐ No ☐

May we adjust preps if necessary?
Yes ☐ No ☐

May we adjust the draw if necessary?
Yes ☐ No ☐

Opposing to be restored in the future?
Yes ☐ No ☐

SMILE DESIGN

Required for all anterior cases.

Smile Catalog Selection_____

Desired: Central width _____mm Central length _____mm

Shimbashi Vertical Measurement
Goal: #8-#25 _____ mm #9-24 _____ mm
Adjusted: _____

☐ TENS bite ☐ Swallow bite ☐ Computer Enhanced

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SHIPPING GUIDELINES

* Working times do not include: shipping both ways, holidays and weekends.

	CLASSIC		BELLA	ELITE	
	metal	non-metal			
1-2 units	5 days*	10 days*	15 days*	1-5 units	15 days*
3-10 units	10 days*	10 days*	15 days*	>6 units	18 days*

Composites ..... 5 days*

Provisionals ..... 10 days*

Diagnostic Wax-ups ..... 7 days*

>11 units ..... Lab will call after evaluation

Combination (two or more materials) and Implant cases.....Lab will call after evaluation

*days = working days

Laboratory Notes

Inventory Checklist • LAB USE ONLY •

Date In _____ **By** _____ **Date Out** _____ **By** _____

INVENTORY IN

Impression _____

Bite _____

Upper / Lower Model ____ // ____

Wax-Up Model _____

Dies _____ Pontics _____

Soft Tissue _____

Photographs _____

Matrix _____

Other: _____

*please specify number of crown/bridge units.

Crowns _____

Reduction Coping _____

Articulator _____

Articulator: Box / Plates ____ // ____

Face Bow _____

Transfer Stand / Bite Fork ___ // ___

Implant Parts _____

Jigs _____

Surgical Stent _____

Attachment _____

Denture _____

Hadar Bar _____

Partial _____

Custom Tray _____

Implant Tools _____

Duralay Post _____

Shade Map _____

Shade Stump _____

Shade Tab _____

Other: _____

INVENTORY OUT

Crowns _____

Partials _____

Dentures _____

Copings _____

Post _____

Boxes _____

Elite _____

Face Bow _____

Articulator _____

Surgical Stent _____

NOTES: