

11170 South State Street • Sandy, UT 8407 I-800-800-7200 • Fax 80I-572-7290 • www.ArrowheadDental.com

0	D
n	$\Gamma_X$

☐ Case Submitted Online

DOCTOR

# **REMOVABLES**

STREET		
CITY, STATE/COUNTRY, ZIP		
TELEPHONE		
EMAIL ADDRESS		
SIGNATURE Please construct and deliver the dental r		DATE
CAS	SE DESIGN (Check all that apply)	
☐ Denture		☐ Upper
☐ Duplicate Denture	7 8 9	10
☐ Cast Partial	5 6 0000	11 12
PROCEDURE:		(F)
☐ Bite Blocks	4	13
☐ Bite Block On Frame	3	14
☐ Set-up/try-in		
☐ Cast Frame Try-In	2	15
☐ Acrylic Try-In	1	16
☐ Reline	1	10
☐ Soft Reline	R	L
☐ Rebase	32	<b>17</b>
□ Reset	32	"
☐ Repair	31 (	(27) 18
☐ Finish		
☐ Bleach Tray	30	19
☐ Custom Tray	29	20
Please mark the diagram	28 (3)	<b>)</b> 21
with the following:	27	22
O = Implant location	26 <sub>25 24</sub> 23	ł
X = Attachment location		☐ Lower

PATIENT 3 NAME		
PLEASE SEND: $R_X$	Fixed Restoration R	emovable
AGE	AIRBILLS	OXES
DATE DUE	LAB US	E ONLY
SHIPPING GUIDELINES ON THE BACK	CASE NO.	
	NOTICE SENT	SHIP DATE

#### **REMOVABLE PARTIAL DENTURES\***

MATERIAL SPECIFICATIONS TEETH TYPE: BASE ACRYLIC:			
Space Saver Shade: Ultaire  *Partial dentures are fabricated using Vitallium 2000+.			
Framework Shade:		Flexible Clas	•
	☐ Cast Partial ☐ TCS	•	☐ Acrylic Partia

☐ Economy	☐ IVO Base
☐ Premium	☐ Other:
SHADE:	Shade Guide Used:
MOLD: Ant:	Post:
READINGS: Alameter:	Papillameter:
Lip line marked on bite r	

#### **IMPLANT RESTORATIONS**

Size:	Need Screws:	Yes □	No $\Box$
DESIRED RESTORATION TYPE:			
Overdenture (denture acrylic base	and tooth with at	to chmor	٠

ESIRED RESTORATION TYPE:			
Overdenture (denture acrylic b	pase and teeth with attachment)		
Type Attachment:			
Cast Strengthener: Yes $\square$ N	o 🗆		
Hybrid (screw retained acrylic base and teeth)			
Cast Bar: Yes □ No □	Milled Titanium Bar: Yes □ No □		

Cementable	(porcelain	layed	on frame	)
------------	------------	-------	----------	---

Type of implant(s) used:

### Type: Noble White $\Box$ High Noble White $\Box$ Zirconia $\Box$

#### **OTHER PRODUCTS**

MOUTHGUARDS/ORTH	HOTICS/SPLINTS:
☐ Flat Orthotic	☐ Hard Splint
☐ Anatomical Orthotic	☐ Hard/Soft Splint
☐ Gelb/Mora Splint	☐ Essix® Retainer
☐ Pro-form Sportsguard	
☐ Soft Guard	
APPLIANCE:	
☐ Herbst <sup>™</sup>	
□ EMA®	
☐ Other	
SPECIAL IN	STRUCTIONS
May we adjust opposing if i	necessary? □Yes □No
May we open bite only if n	
Opposing to be restored in	•
NOTES:	
•	

All products proudly handcrafted in the U.S.A. © 2017 Arrowhead Dental Laboratory R12/17

## SHIPPING GUIDELINES

PRODUCT	PRODUCT	ION DAYS*
	Set Up	Finish
Dentures	5 days	5 days
Partials	5 days	5 days
Implant Overdentures	Please call	
Semi Precision	10 days	
Standard Framework	10 days	
Acrylic Partial/Valplast	10 days	
Relines	I day	
Other Removable Products	Pleas	se call
*days = Working days only. Does not includ	e weekends, holidays, or shipping d	lays.

<u> </u>	IOTES

## • LAB USE ONLY•

Date In By	Date Out By
INVENTORY IN	INVENTORY OUT
Impression:	Crowns:
Bite:	
Upper / Lower Model:// _	
Wax-Up Model:	Copings:
Dies:	
Pontics:	_
Soft Tissue:	
Photographs:	
Matrix:	
Other:	<u></u>
Please specify number of crown/bridge uni	ts NOTES:
Crowns:	
Reduction Coping:	
Articulator:	
Articulator, Box / Plates:// _	
Face Bow:	
Transfer Stand / Bite Fork:// _	
Implant Parts:	
Jigs:	
Surgical Stent:	
Attachment:	
Denture:	
Implant Bar:	
Partial:	
Custom Tray:	
Implant Tools:	

