

Case Submitted Online

REMOVABLES

DOCTOR _____

STREET _____

CITY, STATE/COUNTRY, ZIP _____

TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

Please construct and deliver the dental restoration described here.

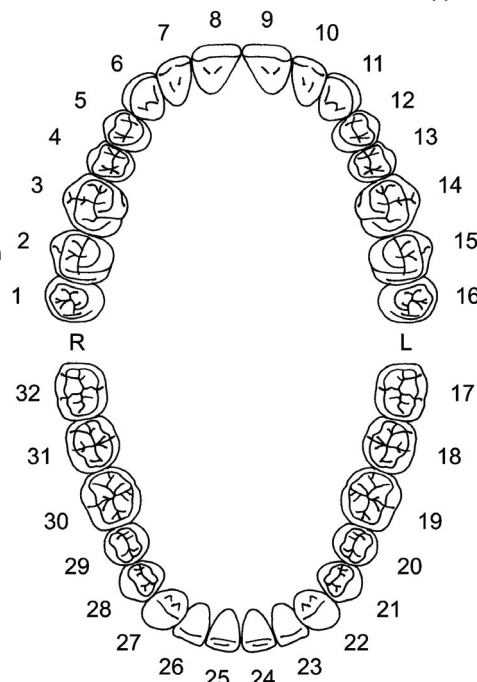
CASE DESIGN (Check all that apply)

- Denture
- Duplicate Denture
- Cast Partial
- Upper

PROCEDURE:

- Bite Blocks
- Bite Block On Frame
- Set-up/try-in
- Cast Frame Only Try-In
- Acrylic Try-In
- Reline
- Soft Reline
- Rebase
- Reset
- Repair
- Finish
- Bleach Tray
- Custom Tray

Please mark the diagram with the following:
 O = Implant location
 X = Attachment location



Lower

PATIENT'S NAME _____ M F

PLEASE SEND: Rx Fixed Restoration Removable

AGE _____ AIRBILLS BOXES

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

REMOVABLE PARTIAL DENTURES*

- Cast Partial TCS™ Valplast Acrylic Partial
- Framework: _____ Flexible Clasp Shade: _____
- Space Saver Shade: _____ With Valplast Clasp

*Partial dentures are fabricated using Vitallium 2000+.

MATERIAL SPECIFICATIONS

TEETH TYPE:

- Economy
- Premium

BASE ACRYLIC:

- IVO Base
- Other: _____

SHADE: _____ Shade Guide Used: _____

MOLD: Ant: _____ Post: _____

READINGS:

Papillameter: High lip line: _____ mm Low lip line: _____ mm
 Lip line marked on bite rim: Yes No

IMPLANT RESTORATIONS

Type of implant(s) used: _____
 Size: _____ Need Screws: Yes No

DESIRED RESTORATION TYPE:

- Overdenture** (denture acrylic base and denture teeth with attachment)
 Type Attachment: _____
 Cast Strengtheners: Yes No
- Hybrid**
 - Screw Retained Cemented
 - Crystal Ultra® - Trilor®
 - Milled Cast Noble White
 - Zirconia
- PMMA** (Polymethyl Methacrylate Acrylic)
 Diagnostic PMMA Aesthetic PMMA

OTHER PRODUCTS

MOUTHGUARDS/ORTHOTICS/SPLINTS:

- Flat Orthodic (LêDowns) Hard Splint
- Anatomical Orthotic Hard/Soft Splint
- Gelb Splint Essix® Retainer
- Pro-form Sportsguard
- Soft Guard

APPLIANCE

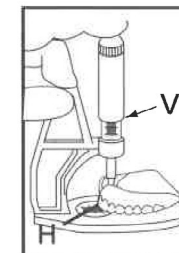
- Herbst™ Other
- EMA®
- Meridian™

SPECIAL INSTRUCTIONS

May we adjust opposing if necessary? Yes No
 May we open bite only if necessary? Yes No
 Opposing to be restored in the future? Yes No

NOTES: _____

DENTURE GAUGE



Vertical (V) = _____ mm

Horizontal (H) = _____ mm

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