

I-800-800-7200 • Fax 801-572-7290 • www.ArrowheadDental.com

11170 South State Street • Sandy, UT 84070

**IMPLANTS** 

		'	-000-000-7200 Tax C	301-372-7270 · WW	w.Allowite	Address and A	Implant Emergence: ☐ Full ☐ St	tandard 🗆 Straight
☐ Case Submitted	Online	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Do you have a laser for contouring tiss	ue? □ Yes □ No
							Gingival Embrasures:  ☐ Open ☐ Closed ☐ Porcela	ain Ridge Lap
DOCTOR			PATIENT'S NAME			M F	Implant System:	
			PLEA	ASE SEND: R <sub>X</sub>	ed Restoration	Removable	Abutment Material:	0.20
ADDRESS			AGE	☐ AIR	BILLS	BOXES	☐ Titanium ☐ Ceramic ☐ Gold F	łue 🛛 TiZir Hybrid
				_	_		Margin Depth: F/B: M:	_ D: L:
PHONE			DATE			USE ONLY	COMPLETE CROWN:	
			SHIPPING GUIDELIN	1	CASE NO.		☐ PFM Noble Plus ☐ e.max® Pre Please upgrade crown to: ☐ Bella	ess □ Zir-MAX® □ Elite
EMAIL ADDRESS				2	notice Sent	SHIP DATE	Milling:   Brand Name:	
SIGNATURE		DATE		CASE DECLU	DEMENI			•
	al restoration described become to me	27.112		CASE REQUI	REMENI	S	SMILE DESIGN (Required For	
riedse construct and deliver the dent	al restoration described herein to me.		Basic Shade:	Core Shade	e: 	Shade Guide Used:	Desired: Central Width: Central Length:	
	LEVEL OF AESTHETIC	CS					Smile Selection: ☐ Natural ☐ Sc	oftened 🗆 Enhanced
☐ ELITE tooth #(s)		7 8 9 10	<u> </u>	)		Cervical Shade	☐ Hollywood ☐ O	ther:
	nost vibrant and lifelike restora- naster technicians using the	5 J2 12 13	(     ∀⊤	ΤΥ───\ _		Body Shade	Shimbashi Vertical Measurement	
	ifically tailored for each patient.	3 14				Incisal Shade	<b>Goal:</b> #8:25mm #9	9:24mm
	r models are fabricated and mounted. office to give a delivery date for scheduling.	13 3 14 2 15 1 6	$\circ$				SPECIAL INSTRUCT	TIONS
□ <b>BELLA</b> tooth #(s)	office to give a activery time for serremaing.	R L	Cervical Warmin	<b>g:</b> □.5mm □ I i	mm 🗆 C	Other	May we adjust opposing if necessary?	☐ Yes ☐ No
	an adds characterization to the	32 (b) 17 31 (c) 18		Broad	Norma	I Point	May we adjust preps if necessary?	□ Yes □ No
incisal I/3 for a nice aesthetic appearance.			Contacts:	TXT [	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		May we adjust the draw if necessary?	☐ Yes ☐ No
☐ TRADITIONAL too	( )	29 20 21	(Embrasures) □	<b>X</b> X L	۸ ۸	<b>Λ</b> □ Λ ˆ λ	Opposing to be restored in the future	? □ Yes □ No
for any practice.	any patient's budget. Quality	27 26 25 24 23	Describe Occlusion	Desired:			NOTES:	
NEEDED	FOR ALL ANTERIOR OR	LARGE CASES	ELIT	E CHARACTER	RIZATION	I GUIDE		
☐ Full-Arch Impression(s)		usted Temps				ndard)□Light □None		
☐ AACD Series Photos	•	to of Temps	Surface Texture:		,	ildaid) Light Livone		
☐ Marked Cast Model Inc	dicating Tissue Recontouring	•	Occlusal Anatom	ny: □ Primary □ S	Secondary			
SPE	ECIFIC RESTORATIVE MA	TERIALS		DESIGN PRE	FERENCE	:s		
ALL-CERAMIC	PORCELAIN-TO-METAL	OTHER MATERIALS	☐ □ Porcelain-to	o-margin	C	☐ Sanitary (off the ridge)		
Leucite Glass: ☐ IPS Empress Esthetic	☐ High Noble (yellow)	☐ Indirect Composite	Porcelain B	utt Margin		□ Ridge Lap		
Lithium Disilicate:	☐ High Noble (white) ☐ Noble Plus (white)	☐ Provisionals ☐ Snowcaps	(shoulder prep	required)	<i>&gt;</i>			
<ul><li>□ e.max<sup>®</sup> CAD</li><li>□ e.max<sup>®</sup> Press</li></ul>	☐ Captek™ (yellow)	☐ Appliance (splint	📜 🗆 Lingual Col	lar mm		☐ Ovate Pontic		
<b>Zirconia:</b> ☐ Zir-Max <sup>®</sup> (layered)	FULL CAST CROWN(S)	therapy) □ Nightguards	☐ □ Full Metal C	ollar mm	Ω	□ Modified		
□ ZirCrown <sup>™</sup> (800 MPa)	☐ High Noble (yellow)	☐ Hard	-		_ Diagr	ostic White Wax-Up		>
Prime (1200 MPa) Strongest and most Translucent Feldspathic:	☐ High Noble (white) ☐ Noble (yellow)	□ Soft			Ū	sue Corrections:	All products proudly handcraft	ted in the U.S.A
☐ Radiant <sup>™</sup> Veneers	□ Noble (white)	☐ Bleaching Tray		_	☐ Symm		© 2020 Arrowhead Dental Labora	

## SHIPPING GUIDELINES

	NON METAL		METAL		
	I-2 Units	3-10 Units	I-2 Units	3-10 Units	
Elite	10 days*	15 days*	10 days*	15 days*	
Bella	10 days*	15 days*	10 days*	15 days*	
Traditional	10 days*	10 days*	5 days*	10 days*	

PRODUCT	DAYS*
Composites	5 days
Provisionals	10 days
Diagnostic Wax-Ups	7 days

PRODUCT	DAYS*	
General Implant Cases		
>II Units	Lab will call after evaluation.	
Combination Cases		
Other Fixed Products	Please call	

 $\label{eq:days} $$ $$ \text{Working days only. Does not include weekends, holidays, or shipping days.} $$ $$ \text{Upgrades on the Implant Complete Crown will increase production days; 2 days for Bella, 3 days for Elite.} $$$ 

NOTES

## • LAB USE ONLY•

Date In	Ву	Date Out	Ву
INVENTORY IN		INVENTORY	OUT
Impression:		Crowns:	
Bite:			
Upper / Lower Model:			
Wax-Up Model:		Copings:	
Dies:		Post:	
Pontics:		Boxes:	
Soft Tissue:			
Photographs:			
Matrix:			
Other:			
Please specify number of	crown/bridge units	NOTES:	
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:			· · · · · · · · · · · · · · · · · · ·
impiant 100is.		_	
Duralay Post:			
Shade Map:			
Shade Stump:		_	
Shade Tap:			· -
Other:		ARR	<b>OV</b> HEAD