

III70 South State Street • Sandy, UT 84070 ax 801-572-7290 • www.ArrowheadDental.com		SMILE DESIGN (Recomendations For Anterior Cases)		
ax 601-372-7270 • www.ArrowneadDental.com	$\mathbf{x}$	Docimod: Control Width:	mm	

Central Length:mm   Smile Selection:   Smile S		111222	I	-800-800-7200 • Fax 801	-5/2-/290 • www.Ai	rrowheadDental.com	Desired: Central Width: mm
Smile Selection:   Natural   Softened   Enhanced   Hollywood   Order:	☐ Case Submitted	Online					<del></del>
AGE   Remorable					•		
ADDRESS  AGE   ARBILLS   BOXES    ABUTMENT REFERENCES    Abutment Material:   Convoiring tissue?   Yes   No    Implant System:   Size:    Abutment Material:   Titanium   Ceramic   Gold Hue   TIZIr Hybrid    Margin Depti: FiR. M:   D:   :    Milling:   Brand Name:                                      BELLAS ON HAIL SOUTH (S)   BOXES    ABUTMENT REFERENCES   Abutment Material:   Titanium   Ceramic   Gold Hue   TIZIr Hybrid    ABUTMENT REFERENCES   Abutment Material:   Titanium   Ceramic   Gold Hue   TIZIr Hybrid    Margin Depti: FiR. M:   D:   :    Milling:   Brand Name:	DOCTOR			PATIENT'S NAME			,
DATE DUE  LAB USE ONLY  ABUTMENT PREFERENCES  Abutment Emergence:   Full   Standard   Straight   Do you have a laser for contouring tissue?   Yes   No might   Nother technicians using the latest technology. Specifically tailored for each patient. Can be used with any material selection.  BELLATE tooth #(s)   BelLATE tooth				PLEASE	·· —	<del>-</del>	
MAIL ADDRESS   SHIPPING GUIDEUNES ON THE BACK   CASE   NOC	ADDRESS			AGE	☐ AIRBILLS	BOXES	
Abutment Emergence:   Full	PHONE						ABUTMENT PREFERENCES
SENT   DATE   DO you have a laser for contouring tissue!   Yes   No Implant System:   Size:   No Implant System:   Size:   Shade Guide Used:   S				SHIFFIING GOIDELINES	NO.		Abutment Emergence: ☐ Full ☐ Standard ☐ Straight
CASE REQUIREMENTS   Case	EMAIL ADDRESS				NOTI SENT		Do you have a laser for contouring tissue? $\ \square$ Yes $\ \square$ No
CASE REQUIREMENTS	SIGNATURE		DATE				Implant System: Size:
ELITE tooth #(s)			DATE		CASE REQUIREN	MENTS	
ELITE tooth #(s)	Please construct and deliver the denta	al restoration described herein to me.		Basic Shade:	Core Shade:	Shade Guide Used:	,
ELITE tooth #(s)		LEVEL OF AESTHETIC	-s				
Highest Level: The most vibrant and lifelike restoration. Handcrafted by master technicians using the latest technology. Specifically tailored for each patient.  Can be used with any material selection.  BELLA tooth #(s)  May we adjust opposing if necessary?   Yes   No May we adjust preps if necessary?   Yes   No May we adjust preps if necessary?   Yes   No May we adjust preps if necessary?   Yes   No May we adjust the draw if necessary?   Yes   No May we ad		LEVEL OF ALST HE IN				Campical Shada	_
tion. Handcrafted by master technicians using the latest technology. Specifically tailored for each patient. Can be used with any material selection.    BELLA tooth #(s)	☐ ELITE tooth #(s)	the state of the s	6 7 10 11	$A \rightarrow A \rightarrow$	$\Box$		
latest technology. Specifically tailored for each patient.  Can be used with any material selection.  BELLA tooth #(s)			4 2 13	(	(	Body Shade	SPECIAL INSTRUCTIONS
Mid Level: A technician adds characterization to the incisal I/3 for a nice aesthetic appearance.    TRADITIONAL tooth#(s)	latest technology. Speci	fically tailored for each patient.	3 14			Incisal Shade	May we adjust opposing if necessary? $\square$ Yes $\square$ No
Mid Level: A technician adds characterization to the incisal I/3 for a nice aesthetic appearance.    TRADITIONAL tooth#(s)		y material selection.	2 (D) 15 1 (D) 16			<del></del>	May we adjust preps if necessary? $\square$ Yes $\square$ No
incisal I/3 for a nice aesthetic appearance.  TRADITIONAL tooth#(s)  Standard Level: For any patient's budget. Quality for any practice.  SPECIFIC RESTORATIVE MATERIALS  ALL-CERAMIC Lithium Disilicate:  High Noble (yellow)  High Noble (white)  Point  Contacts: (Embrasures)  Describe Occlusion Desired:	( /		R L	Cervical Warming:	□.5mm □ Imm	☐ Other	.,,
TRADITIONAL tooth#(s)					Broad 1	Normal Point	Opposing to be restored in the future? ☐ Yes ☐ No
Standard Level: For any patient's budget. Quality for any practice.  SPECIFIC RESTORATIVE MATERIALS  ALL-CERAMIC Lithium Disilicate:  — High Noble (yellow) — High Noble (white)  — Provisionals  [Embrasures) — A		**	(SA) (ST)				
Describe Occlusion Desired:  SPECIFIC RESTORATIVE MATERIALS  DESIGN PREFERENCES  ALL-CERAMIC  Lithium Disilicate:  — High Noble (yellow) — High Noble (white)  — Provisionals  Describe Occlusion Desired:  — Describe Occlusion Desired:  — Porcelain-to-margin — Porcelain-to-margin — Provisionals  — Ridge Lap — Ridge Lap		( /	29 20	(Embrasures)	\^\	$\Lambda \hat{A} \Box \Lambda \hat{A}$	
ALL-CERAMIC Lithium Disilicate:  — e.max*CAD — High Noble (white) — Provisionals — Ridge Lap	for any practice.		28 27 26 25 24 23	Describe Occlusion D	esired:		
ALL-CERAMIC  PORCELAIN-10-ME IAL  OTHER MATERIALS  Under Material States of the control of the c	SPE	CIFIC RESTORATIVE MA	TERIALS		DESIGN PREFER	ENCES	
□ e.max CAD □ High Noble (white) □ Provisionals □ Integration (shoulder prep required) □ High Noble (white) □ Provisionals	ALL-CERAMIC	PORCELAIN-TO-METAL	OTHER MATERIALS	☐ □ Porcelain-to-m	nargin	$\bigcap$ $\square$ Sanitary (off the ridge)	
=	Lithium Disilicate:	, ,		Porcelain Butt	Margin	□ Ridge Lap	
□ Noble Plus (White)   □ Showcaps   □ □ Lingual Collar   mm   • □ □ □ Uvate Pontic	☐ e.max®Press	☐ Noble Plus (white)	☐ Snowcaps	~~		Ovate Pontic	
□ Zir-Max® (layered) FULL CAST CROWN(S) □ Appliance (splint	<b>Zirconia:</b> ☐ Zir-Max® (layered)	FULL CAST CROWN(S)		~~		^	
□ ZirCrown Aesthetic™ (850 MPa) Most translucent & □ High Noble (yellow) □ Nightguards □ Modified □ Nightguards	□ ZirCrown Aesthetic <sup>™</sup>	` '	1 177	☐ Full Metal Coll	ar mm 	Modified	
aesthetic	aesthetic ´	, ,			■) □		
Strongest, gradient translucency Noble (white)	Strongest, gradient translucency	y ,					
Telaspacine.	Feldspathic:  ☐ Radiant <sup>™</sup> Veneers	Li Noble (Wille)	☐ Bleaching Tray	SUGGESTED	FOR ANTERIO	R OR LARGE CASES	
ELITE CHARACTERIZATION GUIDE    Full-Arch Impression(s)   Bite Registration   Adjusted Temps	FLIT	F CHARACTERIZATION	SUIDE	☐ Full-Arch Impression	on(s) 🗆 Bite Registr	ration	
□ AACD Series Photos □ Pre-Op model(s) □ Photo of Temps					•	1	<b>&gt;</b>
Incisal Translucency: Heavy Medium (standard) Light None Marked Cast Model Indicating Tissue Recontouring	•	, , ,	] Light □ None			9	
Surface Texture:				☐ Diagnostic White	- · · · · · · · · · · · · · · · · · · ·		

## 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:			- <del> </del>
Other:		ARR	<b>OV</b> HEAD