

Occlusal Anatomy: □ Primary □ Secondary

11170 South State Street • Sandy, UT 84070 SMILE DESIGN (Recommendations For Anterior Cases) I-800-800-7200 • Fax 80I-572-7290 • www.ArrowheadDental.com **Desired:** Central Width: ☐ Case Submitted Online Central Length: Smile Selection: ☐ Natural ☐ Softened ☐ Enhanced ☐ Hollywood ☐ Other: PATIENT'S NAME DOCTOR Shimbashi Vertical Measurement: PLEASE SEND: R_X Fixed Restoration Removable Goal: #8:25 mm #9:24 ☐ AIRBILLS □ BOXES ADDRESS AGE ☐ Stick-Bite ☐ Facebow LAB USE ONLY **DATE DUE** PHONE **ABUTMENT PREFERENCES** SHIPPING GUIDELINES ON THE BACK CASE NO. ☐ Screw Retained / Bonded Implant Crown to Abutment **EMAIL ADDRESS** NOTICE SHIP SENT ☐ Cement Retained **Abutment Emergence:** □ Full □ Standard □ Straight SIGNATURE DATE CASE REQUIREMENTS Do you have a laser for contouring tissue? \square Yes \square No Please construct and deliver the dental restoration described herein to me Implant System: Size: **Basic Shade:** Core Shade: Shade Guide Used: Abutment Material: **LEVEL OF AESTHETICS** ☐ Titanium ☐ Ceramic ☐ Gold Hue ☐ TiZir Hybrid Margin Depth: F/B:_ M: D: L: Cervical Shade ☐ **ELITE** tooth #(s) Milling: ☐ Brand Name: Highest Level: The most vibrant and lifelike restora-**Body Shade** ☐ Economy (3rd party) tion. Handcrafted by master technicians using the latest technology. Specifically tailored for each patient. Incisal Shade Can be used with any material selection. **SPECIAL INSTRUCTIONS** May we adjust opposing if necessary? ПΝο ☐ **BELLA** tooth #(s) Cervical Warming: □.5mm □ Imm □ Other Mid Level: A technician adds characterization to the May we adjust preps if necessary? □ Yes ПΝο incisal 1/3 for a nice aesthetic appearance. Normal Point May we adjust the draw if necessary? ☐ Yes ПΝο Contacts: ☐ **TRADITIONAL** tooth#(s) Opposing to be restored in the future?

Yes (Embrasures) Standard Level: For any patient's budget, Quality NOTES: for any practice. Describe Occlusion Desired: 26 _{25 24} **DESIGN PREFERENCES** SPECIFIC RESTORATIVE MATERIALS) ☐ Porcelain-to-margin ☐ Sanitary (off the ridge) ALL-CERAMIC PORCELAIN-TO-METAL | OTHER MATERIALS Lithium Disilicate: ☐ High Noble (yellow) ☐ Indirect Composite ☐ Porcelain Butt Margin ☐ Ridge Lap ☐ e.max®CAD (shoulder prep required) ☐ High Noble (white) ☐ Provisionals ☐ e.max®Press ☐ Noble Plus (white) ☐ Snowcads ☐ Lingual Collar mm ☐ Ovate Pontic Zirconia: ☐ Appliance (splint ☐ Zir-Max® (layered) **FULL CAST CROWN(S)** therapy) ☐ ZirCrown Aesthetic™ ☐ Full Metal Collar ☐ High Noble (yellow) ☐ Nightguards (850 MPa) Most translucent & ☐ High Noble (white) aesthetic □ Hard ☐ **Prime** (1200 MPa) ☐ Noble (yellow) Strongest, gradient translucency ☐ Soft □ Noble (white) Feldspathic: ☐ Bleaching Tray **RECOMMENDATIONS FOR ANTERIOR OR LARGE CASES** □ Radiant[™] Veneers ☐ Full-Arch Impression(s) ☐ Bite Registration ☐ Adjusted Temps **ELITE CHARACTERIZATION GUIDE** ☐ AACD Series Photos ☐ Pre-Op model(s) ☐ Photo of Temps ☐ Marked Cast Model Indicating Tissue Recontouring Incisal Translucency: ☐ Heavy ☐ Medium (standard) ☐ Light ☐ None Surface Texture: □ No **Soft Tissue Corrections:** ☐ Diagnostic White Wax-Up

☐ Symmetry

☐ Zenith

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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	Lab will call after evaluation.	
>II Units		
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:		ARROWHEAD			