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70	D
m	Γ_{X}

☐ Case Submitted Online

REMOVABLES

DOCTOR			
STREET			
CITY, STATE/COUNTRY, ZIP			
TELEPHONE			
EMAIL ADDRESS			
SIGNATURE Please construct and deliver the dental res	storation described here.	С	DATE
CAS	E DESIGN (Checl	k all that apply)	
 □ Denture □ Duplicate Denture □ Cast Partial □ Printed Digital Denture □ Milled Denture 	7 6 5 (2)	8 9 10	☐ Upper 11 12
PROCEDURE: Bite Blocks Bite Block On Frame Set-up/try-in Cast Frame Only Try-In Digital Try-In Reline Soft Reline Rebase Reset Repair Finish Bleach Tray Custom Tray Please mark the diagram with the following:	4 3 2		13 14 15 16 L 17 18 19 20 21 22
O = Implant location X = Missing or Replace	26	25 24 23	☐ Lower

PATIENT'S NAME
PLEASE SEND: R _X ☐ Fixed Restoration ☐ Removable
Пирии Проита
AGE — —
DATE DUE LAB USE ONLY
SHIPPING GUIDELINES ON THE BACK CASE NO.
NOTICE SHIP
SENT DATE
REMOVABLE PARTIAL DENTURES*
☐ Cast Partial ☐ Flexible Partial ☐ Acrylic Partial
Cast fai dai - E Hexible fai dai - E Aci yile fai dai
☐ Cast Clasp ☐ Flex Clasp
·
*Partial dentures are fabricated using Vitallium 2000+.
MATERIAL SPECIFICATIONS
TEETH TYPE: BASE ACRYLIC:
☐ Economy ☐ IVO Base
☐ Premium ☐ Other:
SHADE: Shade Guide Used:
MOLD: Ant:Post:
READINGS:
Papillameter:
High lip line: mm Low lip line: mm
1 Igh lip lineniin 2017 lip line
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 Strengthener: Yes □ No □
□ Hybrid
☐ Screw Retained ☐ Cemented
☐ Crystal Ultra® - Trilor®
☐ Milled Bar ☐ Cast Noble White Bar
☐ Zirconia
☐ PMMA (Polymethyl Methacrylate Acrylic)
Diagnostic PMMA □ Aesthetic PMMA □

OTHER PRODUCTS

MOU	THGUA	RDS/O	RTHOT	ICS/SP	LINTS
1100	111007	1103/0		103/31	L114 1 3

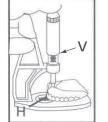
- ☐ Flat Orthodic (LêDowns) ☐ Hard Splint ☐ Anatomical Orthotic ☐ Hard/Soft Splint
- ☐ Gelb Splint ☐ Essix® Retainer
- ☐ Pro-form Sportsguard
- ☐ Soft Guard

SPECIAL INSTRUCTIONS

May we adjust opposing if necessary? \square Yes \square No May we open bite only if necessary? \square Yes \square No

Opposing to be restored in the future? \square Yes \square No
NOTES:
-
-

DENTURE GAUGE



Vertical (V) = ____ mm

Horizontal (H) = _____ mm

All products proudly handcrafted in the $\mbox{U.S.A.}$

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SHIPPING GUIDELINES

PRODUCT	PRODUCT	ION DAYS*
	Set Up	Finish
Dentures	5 days	5 days
Partials	5 days	5 days
Implant Overdentures	Pleas	se call
Semi Precision	10	days
Standard Framework	10	days
Acrylic Partial/Valplast	10	days
Relines	1	day
Other Removable Products Please call		se call
*days = Working days only. Does not include weekends, holidays, or shipping days.		

NOTES

• LAB USE ONLY•

Date In By	Date Out By
INVENTORY IN	INVENTORY OUT
Impression:	Crowns:
Bite:	
Upper / Lower Model://	
Wax-Up Model:	_
Dies:	_
Pontics:	_
Soft Tissue:	
Photographs:	
Matrix:	
Other:	
Please specify number of crown/bridge ur	•
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:	

