Helm Dental Laboratory

2801 Capital Street Wylie, TX 75098
972-442-9772
info@HelmDentalLaboratory.com

CHROME
FULL ARCH GUIDED STABILITY
patent pending

ALL information required. Complete all sections. Please keep a copy for your files.

- Your case **will not proceed** until all information and records are received.
- Surgery date **WILL NOT** be confirmed until surgical plan has been reviewed and approved by placing doctor in on-line meeting.
- Minimum of 5 days to prep for on-line meeting once all records are received
- Minimum of 12 days after on-line meeting for case delivery.

Placing Doctor's Name

Address for Case Delivery

City State Zip

Phone Doctor's e-mail

Patient Name Age M/F

Doctor's Signature

License number / State issued by Today's Date

You must provide the implant manufacturer, type & diameter (i.e., Nobel Active RP 4.3 or Astra Tech EV 4.8, etc.) & tooth numbers where implants will be placed. Additional charges for more than 5 implants.

Implant Mfg.	Type & Diameter	Tooth #

Call lab for RX with current pricing on selected package or add-on items.

Case Information

Surgical Arch Selection - *Please use separate RX for each arch.*

- ❑ Maxilla
- ❑ Mandible

Records – *Please check all that apply & enter info requested.*

Type of Impression

- ❑ Digital Impressions. Indicate system used below. _____
- ❑ Polyvinyl impression

CBCT *(see opposite side for detail on CBCT)*

- ❑ Date sent _____
- ❑ Arch scan _____
- ❑ Appliance scan _____

Clinical Photos

- ❑ Date sent _____

Email photos to info@HelmDentalLaboratory.com. Include patient ID info & clinician's name. See opposite side for photographs requested.

Final Tooth Shade _____

CHROME GuidedSMILE Packages
(select choices below)

- ❑ Complete package, per arch with Final Prosthesis Zirconia
- ❑ Complete package, per arch with Final Prosthesis Crystal Ultra
- ❑ Complete package, per arch with Final Prosthesis Titanium & Acrylic

- *All packages above include Surgical Provisional.*
- *See below for add-on Chairside assistance.*
- ***Packages do not include*** additional parts & pieces that may be needed on your individual case. If needed, there will be an additional charge.

Add-On Items *(per arch)*

- ❑ Chairside Assistance, *per arch*
- ❑ iJig
- ❑ Pin & Drill Kit *(2 Drills, 4 Pins)*
- ❑ Back-up Denture
- ❑ Stellar Easy Conversion Kit

For any items not listed, please call us to discuss availability

Notes: