



NEW HORIZONS
DENTAL LABORATORY

7270 W. 118th Place, Unit D
Broomfield, CO 80020
Phone: 303.469.3362
Fax: 303.469.0002

TITANIUM BAR / ALL-ON-4 PROCEDURE PRESCRIPTION AND PROCEDURE GUIDE

Required Information	
Office / Dr. Name:	Patient Name:
Office Phone:	Age: <input type="checkbox"/> M <input type="checkbox"/> F
Email:	P/U Date:
Other:	Due Date:
Preferred Contact: <input type="checkbox"/> Call <input type="checkbox"/> Email	

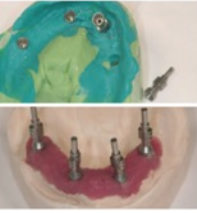
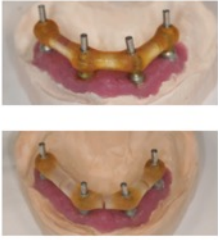









Case Details			
Vendor/Implant System: <input type="checkbox"/> Straumann <input type="checkbox"/> Nobel <input type="checkbox"/> 3i <input type="checkbox"/> Neoss <input type="checkbox"/> Other: _____	Models Enclosed: <input type="checkbox"/> Study Model U / L <input type="checkbox"/> Upper Model <input type="checkbox"/> Lower Model <input type="checkbox"/> Master Model <input type="checkbox"/> Upper Impression <input type="checkbox"/> Lower Impressions <input type="checkbox"/> Bite Registration	Equipment Enclosed: <input type="checkbox"/> Articulator <input type="checkbox"/> Articulator Box <input type="checkbox"/> Facebow <input type="checkbox"/> Meshball	Parts Enclosed: <input type="checkbox"/> Open Tray Impression Copings <input type="checkbox"/> 2 Sets of Analogs <input type="checkbox"/> Guide Pins (30mm) <input type="checkbox"/> Plastic Temporary Cylinders <input type="checkbox"/> Lab Screws <input type="checkbox"/> Final Screws
Bar Type: Fixed: <input type="checkbox"/> Full Wrap <input type="checkbox"/> Montreal Removable: <input type="checkbox"/> Direct Attached <input type="checkbox"/> Attached OD			
<input type="checkbox"/> Call Me Please			
Shade: _____			

Signature

Signature: _____ Lic#: _____

Process Flowchart					
OFFICE/PRACTICE STEPS				NHDL STEPS	
Pre-Surgery	Step 1	Office provides impression or models of upper and lower arches and a bite registration	Office indicates which arch is going to get the surgery	Lab receives the impressions or models Create Clear Bone Reduction Guide with Troughs Create ALL-On-4 Denture	Guide will be used during surgery Denture may be worn up until surgery if patient has no teeth. If patient is having teeth removed at surgery the denture will be converted to the interim prosthesis after surgery
Surgery Chairside Assist	Step 2	Day of Surgery	Chairside Lockup (Please keep original model to provide to NHDL for eventual restoration with bar.)	In-Lab Conversion of All-On-4 Denture	Returned to Prosthodontist day after surgery for placement in patient's mouth
Patient Healing Time					

PLEASE KEEP THIS SHEET WITH CASE WHILE TRANSPORTING TO AND FROM LAB AND DOCTORS OFFICE

		OFFICE/PRACTICE STEPS		NHDL STEPS		
Post-Surgery	Step 3	Clinical - Preliminary non-splinted impression in stock plastic tray. (Recommended: 3M - ESPE Trays)	PROVIDE TO LAB: <ul style="list-style-type: none"> <input type="checkbox"/> 1 Set of Open Tray Impression Copings <input type="checkbox"/> 2 Sets of Analogs <input type="checkbox"/> Guide Pins (30mm) <input type="checkbox"/> Plastic Temp Cylinders (AND If not Nobel) <input type="checkbox"/> Lab Screws <input type="checkbox"/> Final Screws 		Fabricate model intra-oral luting jig & custom tray 4 DAYS IN LAB DATE RTN TO DR:	
	Step 4	Final splinted impression in custom tray with luting jig inside	PROVIDE TO LAB: <ul style="list-style-type: none"> <input type="checkbox"/> Bite Registration 		Fabricate master scanning model "Base-Bar & Wax Rim" or "Base-Bar & PIT" (Need opposing model and bite) 4 DAYS IN LAB DATE RTN TO DR:	
	Step 5	VDO-records appointment		Set teeth in wax for initial try-in 8 DAYS IN LAB DATE RTN TO DR:		
	Step 6	Wax try-in to check bite, esthetics and vocals		Scan & digitally design bar - submit for milling - reset teeth on bar & wax for final try-in 3 WEEKS IN LAB DATE RTN TO DR:		
	Step 7	Final try-in of milled bar (for passivity) & set up for final check of buccal & lingual contours		Inject process & finish hybrid restoration 8 DAYS IN LAB DATE RTN TO DR:		
	Step 8	Final insertion of prostheses!				

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