FRONTIER DENTAL LABORATORIES INC

1108 Investment Boulevard, El Dorado Hills, CA 95762
T 800 790 3999 T 916 933 3300 F 916 933 6799
www.frontierdentallab.com

TO DETERMINE DELIVERY DATE: SEE OUR SCHEDULE ON BACK OF RX.
PLEASE DO NOT SCHEDULE YOUR PATIENT ON DUE DATE.

_____ DELIVERY BY 5:00 P.M.

DOCTOR'S NAME _____ **OFFICE PHONE** _____

PATIENT'S NAME _____ **EMAIL ADDRESS** _____

OFFICE ADDRESS _____

1. RX

		TOOTH #
ALL CERAMIC	EMPRESS	
	EMAX EPRESS	
	PORCELAIN FUSED TO ZIRCONIA	
	BRILLIANCE Z (FULL CONTOUR ZIRCONIA)	
METAL RESTORATIONS	GOLD RESTORATIONS	
	PORCELAIN FUSED TO METAL	
	PORCELAIN MARGINS	
IMPLANT CROWNS	SCREW RETAINED	
	CEMENT RETAINED	
	UCLA ABUTMENT	
	GOLD HUE CUSTOM TI ABUT	
	ZIRCONIA CUSTOM ABUT	
APPLIANCES	KOIS DEPROGRAMMER	
	KOIS NIGHTGUARDS	
	NIGHTGUARDS	
XXX	DIAGNOSTIC WAX UP	
	TEMP MATRIX	
	TEMP GUIDE	
	CLEAR SUCKDOWN	

IF INADEQUATE CLEARANCE SPOT: ☐ PREP ☐ OPPOSING ☐ NOTIFY DOCTOR

******* Upload your photos to the Gateway portal *******

R_x – INSTRUCTIONS _____

(CONTINUED OVERLEAF)

☐ ADDITIONAL INSTRUCTIONS ATTACHED

INCOMING CHECK LIST FOR LAB

- ☐ IMPRESSION / MASTER
- ☐ OPPOSING
- ☐ BITE
- ☐ STICK BITE
- ☐ PICTURES / EMAIL / CD
- ☐ OLD CROWN
- ☐ PRE-OP MODELS
- ☐ OLD MODELS
- ☐ FACE BOW
- ☐ IMPLANT IMPRESSION COPINGS
- ☐ IMPLANT ANALOG
- ☐ IMPLANT ABUTMENTS
- ☐ DIAGNOSTIC WAX UP
- ☐ ARTICULATOR _____
- ☐ PARTIAL _____
- ☐ TEMP MODEL
- ☐ PREP SHADE
- ☐ SHADE
- ☐ MATERIAL SELECTION
- ☐ PLEASE CALL

2. SHADE OF PREPARATION

STUMP SHADE TEETH #S _____ ND _____
STUMP SHADE TEETH #S _____ ND _____
STUMP SHADE TEETH #S _____ ND _____

3. LENGTH OF CENTRALS TO SOFT TISSUE ZENITH

#8 _____ #9 _____
SPECIAL LENGTH INSTRUCTIONS _____

4. SMILE DESIGN

- ☐ FRONTIER SMILES PAGE _____ STYLE _____
- ☐ SMILE CATALOG L.V.I. _____
- ☐ MATCH PHOTOS, MAGAZINE, ETC. _____
- ☐ FOLLOW WAX UP ☐ FOLLOW TEMPS./MOCKUP

5. INCISAL TRANSLUCENCY

☐ **AL-1** (.5 mm) ☐ **AL-2** (1.0 mm) ☐ **AL-3** (1.5 mm) ☐ **AL-4** (2.0 mm)
AOSHIMA PAGE _____ # _____
CHICHE "SMILE DESIGN" PAGE _____

6. RIDGE RELIEF

YES ☐ NO ☐ _____ OVATE MM.



PLEASE SEND: ☐ MAILING BOXES ☐ RX FORMS ☐ MAILING LABELS

7. SURFACE TEXTURE

- ☐ HIGH
- ☐ MEDIUM
- ☐ LIGHT
- ☐ SMOOTH (NO TEXTURE)
- ☐ AOSHIMA PAGE _____ # _____

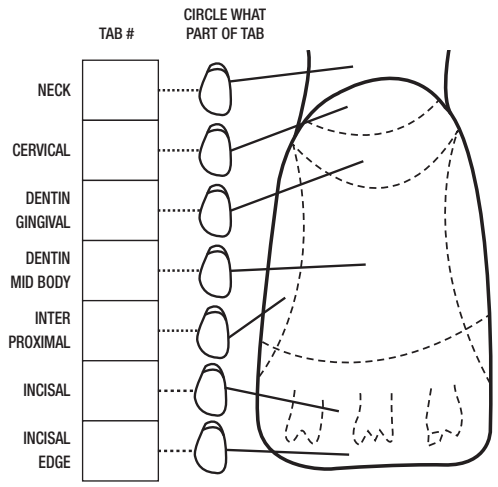
8. SURFACE ANATOMY (FACIAL LOBES)

- ☐ HEAVY
- ☐ MEDIUM
- ☐ LIGHT
- ☐ NONE

9. SURFACE FINISH

- ☐ HIGH GLAZE
- ☐ POLISHED GLOSS
- ☐ SATIN FINISH
- ☐ LOW GLOSS
- ☐ AOSHIMA PAGE _____ # _____

SHADE GUIDE _____



SHADE NOTES _____

CHECK LIST FOR DOCTOR'S OFFICE

- ☐ SHADE OF PREPARATIONS (STUMP SHADE)
- ☐ LENGTH OF CENTRALS TO SOFT TISSUE
- ☐ SMILE DESIGN
- ☐ BITE REGISTRATION WITH OUT STICK
- ☐ BITE REGISTRATION WITH STICK
- ☐ WORKING IMPRESSIONS
- ☐ OPPOSING IMPRESSION / MODEL
- ☐ TEMPORARY IMPRESSION / MODEL
- ☐ FINAL SHADE
- ☐ FACEBOW
- ☐ IMPRESSION COPINGS
- ☐ IMPLANT ANALOGS
- ☐ IMPLANT ABUTMENTS
- ☐ PHOTOS

DENTIST'S SIGNATURE _____ **LICENSE #** _____ **DATE** _____

I AGREE TO TERMS ON REVERSE

SEE BACK OF RX FOR ADDITIONAL INFORMATION

A proud member of DENBRIGHT DENTAL LABS

LABORATORY SCHEDULE

HOURS: MONDAY - FRIDAY 8:00 AM - 5:00 PM

ALL CERAMIC 1-8 UNITS	14 DAYS
ALL CERAMIC 9 + UNITS	16 DAYS
PFM	14 DAYS
GOLD	14 DAYS
DIAGNOSTIC WAX UPS	5-10 DAYS
FULL MOUTH WAX UPS	7 DAYS

OUR GUARANTEE TO YOU

At Frontier Dental Laboratories, Inc., every order receives our unconditional guarantee to be of the finest quality, made to your specifications as noted on the RX and to fit your working model.

For remakes send back the original models and restorations so that we may evaluate the case.* All returned cases will be remade at no cost or full credit will be issued upon review of all restorations.

Frontier offers a 5-year warranty against failure due to materials and workmanship on FDL porcelain to metal restorations unless otherwise noted.

Frontier offers a 2-year warranty against failure due to materials and workmanship on any FDL all-ceramic and ceromer composite restorations unless otherwise noted.

Frontier offers a 1-year warranty for night guards and a 6-month warranty for deprogrammers.

*Guarantee is void if a *Problem Solver Card®* has been issued and laboratory is directed to continue against its discretion.

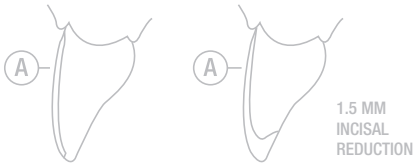
Rush cases are available with prior telephone approval.

For accounts not in our pickup/delivery area, we provide prepaid labels and shipping supplies. All cases are returned via Fed Ex (guaranteed delivery by 3:00 p.m. most areas, 5:00 p.m. in outlying area) to ensure prompt and timely delivery.

Should you have any questions please feel free to call us. These terms are subject to change without notice.

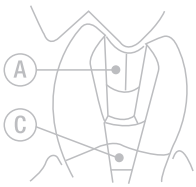
PREPARATION GUIDELINES

ALL-CERAMIC/COMPOSITE VENEERS

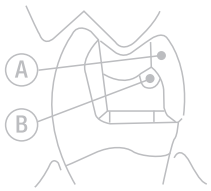


A. 0.7 TO 1.0 MM LABIAL REDUCTION

INLAY



ONLAY



A. 1.5 TO 2.0 MM OCCLUSAL REDUCTION
B. ROUND ALL SHARP LINE ANGLES, OCCLUSAL EDGES AND ELIMINATE UNDERCUTS
C. PROXIMAL AND OCCLUSAL WALLS SHOULD HAVE 6-8 DEGREES TAPER

ALL-CERAMIC/COMPOSITE CROWNS



LABIAL
LINGUAL
INTERPROXIMAL — 1.0 - 1.5 MM

INCISAL 1.5 - 2.0 MM



LABIAL
LINGUAL
INTERPROXIMAL — 1.0 - 1.5 MM

OCCLUSAL 1.5 - 2.0 MM

TERMS

Outstanding balances not paid within 30 days of statement are subject to a delinquency charge of 1.5 percent per month. Balances not paid within 30 days of statement period are subject to C.O.D. The dentist will be responsible for all collection costs including attorney's fees incurred in the event that account collection becomes necessary.

R_X – INSTRUCTIONS (CONT.)