1. RX
   - Tooth #
   - EMPRESS
   - AUTHENTIC
   - EMAX EPRESS
   - PORCELAIN FUSED TO ZIRCONIA
   - FELDSPARIC
   - BRILLIANCE Z (FULL CONTOUR ZIRCONIA)
   - PORCELAIN FUSED TO METAL
   - AUTHENTIC W/METAL
   - SINFORMY
   - SINFONY/VECTRIS
   - GOLD RESTORATIONS
   - KOD DEPROGRAMMER
   - KOD NIGHTGUARDS
   - NIGHTGUARDS

2. SHADE OF PREPARATION
   - STUMP SHADE TEETH #
   - STUMP SHADE TEETH #
   - STUMP SHADE TEETH #
   - STUMP SHADE TEETH #

3. LENGTH OF CENTRALS TO SOFT TISSUE ZENITH
   - #
   - SPECIAL LENGTH INSTRUCTIONS

4. SMILE DESIGN
   - SMILE GUIDE DORFMAN PAGE
   - SMILE CATALOG P.
   - CHICHE "SMILE DESIGN" PAGE
   - MATCH PHOTOS, MAGAZINE, ETC.
   - FOLLOW WAX UP
   - FOLLOW TEMPS./MOCKUP

5. INCISAL TRANSLUCENCY
   - MINIMAL .5
   - MODEST 1.0
   - MAX 1.5
   - AOSHIMA PAGE
   - CHICHE "SMILE DESIGN" PAGE

6. RIDGE RELIEF
   - YES
   - NO
   - OVAE
   - FULL L.
   - BUCCAL L.
   - SANITARY CONTACT
   - SANITARY SPACED

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

10. LIGHT SOURCE USED
    - OPERATORY FLUORESCENT
    - NATURAL SUNLIGHT
    - OTT LIGHT
    - OTHER

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**SEND PHOTOS TO:** photolink@frontierdentallab.com

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**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

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**SHADE GUIDE**

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**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

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**PLEASE SEND:** Mailing Boxes

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Outstanding balances not paid within 30 days of statement are subject to a delinquency charge of 2 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.