



FRONTIER DENTAL LABORATORIES INC

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**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 | _____ |
| | AUTHENTIC | _____ |
| | EMAX EPRESS | _____ |
| | PORCELAIN FUSED TO ZIRCONIA | _____ |
| FELDSPATHIC | _____ | _____ |
| | BRILLIANCE Z (FULL CONTOUR ZIRCONIA) | _____ |
| PORCELAIN TO METAL | PORCELAIN FUSED TO METAL | _____ |
| | AUTHENTIC W/METAL | _____ |
| CERAMERS/ COMPOSITES | SINFONY | _____ |
| | SINFONY/VECTRIS | _____ |
| ALL METAL | GOLD RESTORATIONS | _____ |
| | KOIS DEPROGRAMMER | _____ |
| APPLIANCES | KOIS NIGHTGUARDS | _____ |
| | NIGHTGUARDS | _____ |

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

R_x - INSTRUCTIONS

ADDITIONAL INSTRUCTIONS ATTACHED

(CONTINUED OVERLEAF)

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

IF INADEQUATE CLEARANCE SPOT: PREP OPPOSING NOTIFY DOCTOR
PORCELAIN BUTT MARGINS TOOTH # _____

2. SHADE OF PREPARATION

STUMP SHADE TEETH #S _____ ST _____
STUMP SHADE TEETH #S _____ ST _____
STUMP SHADE TEETH #S _____ ST _____

3. LENGTH OF CENTRALS TO SOFT TISSUE ZENITH

#8 _____ #9 _____
SPECIAL LENGTH INSTRUCTIONS _____

4. SMILE DESIGN

- SMILE GUIDE DORFMAN PAGE _____ STYLE _____
- SMILE CATALOG L.V.I. _____
- 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 _____

7. SURFACE TEXTURE

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

8. SURFACE ANATOMY (FACIAL LOBES)

- HEAVY
- MEDIUM
- LIGHT
- NONE

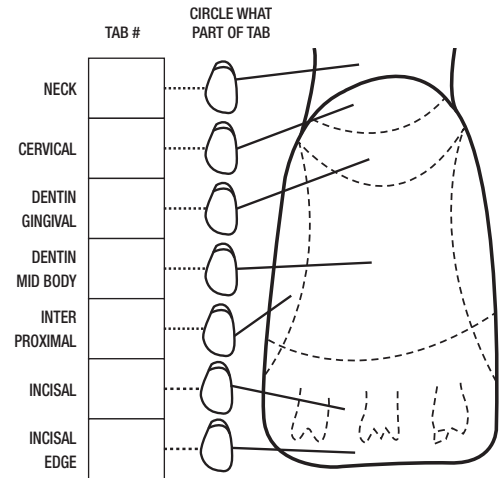
9. SURFACE FINISH

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

10. LIGHT SOURCE USED

- OPERATORY FLUORESCENT
- NATURAL SUNLIGHT
- OTT LIGHT
- OTHER _____

SHADE GUIDE



SHADE NOTES

6. RIDGE RELIEF

- YES NO
- | | | | | |
|-----------|----------|------------|------------------|-----------------|
| OVATE MM. | FULL LAP | BUCCAL LAP | SANITARY CONTACT | SANITARY SPACED |
| | | | | |

PLEASE SEND: MAILING BOXES RX FORMS MAILING LABELS

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

