



FRONTIER DENTAL LABORATORIES INC

1108 Investment Boulevard, El Dorado Hills, CA 95762

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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 _____

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

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

IF INADEQUATE CLEARANCE SPOT: PREP OPPOSING NOTIFY DOCTOR

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.
 - FULL LAP
 - BUCCAL LAP
 - SANITARY CONTACT
 - SANITARY SPACED

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

TAB # CIRCLE WHAT PART OF TAB

NECK	
CERVICAL	
DENTIN GINGIVAL	
DENTIN MID BODY	
INTER PROXIMAL	
INCISAL	
INCISAL EDGE	

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

