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## FRONTIER DENTAL LABORATORIES INC

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

\*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. www.frontierdentallab.com **OFFICE PHONE DOCTOR'S NAME EMAIL ADDRESS** PATIENT'S NAME **OFFICE ADDRESS** INCOMING CHECK LIST FOR LAB RX **TOOTH #** \*\*\*\*\* SEND PHOTOS TO: photolink@frontierdentallab.com \*\*\*\*\* ☐ IMPRESSION / MASTER **EMPRESS** □ OPPOSING EMAX EPRESS R<sub>v</sub> - instructions PORCELAIN FUSED TO ZIRCONIA BRILLIANCE 7 ALL ☐ STICK BITE (FULL CONTOUR ZIRCONIA) ☐ PICTURES / EMAIL / CD **GOLD RESTORATIONS** □ PRE-OP MODELS PORCELAIN FUSED TO METAL □ OLD MODELS PORCELAIN MARGINS ☐ FACE BOW - APPLIANCES 1 F IMPLANT CROWNS 1 SCREW RETAINED ☐ IMPLANT IMPRESSION COPINGS CEMENT RETAINED ☐ IMPLANT ANALOG UCLA ABUTMENT ☐ IMPLANT ABUTMENTS **GOLD HUE CUSTOM TI ABUT** ■ DIAGNOSTIC WAX UP ZIRCONIA CUSTOM ABUT ARTICULATOR \_\_\_\_ KOIS DEPROGRAMMER KOIS NIGHTGUARDS ☐ TEMP MODEL **NIGHTGUARDS** PREP SHADE (CONTINUED OVERLEAF) SHADE DIAGNOSTIC WAX UP ■ ADDITIONAL INSTRUCTIONS ATTACHED ■ MATERIAL SELECTION TEMP MATRIX PLEASE CALL TEMP GUIDE IF INADEQUATE CLEARANCE SPOT: ☐ PREP OPPOSING ☐ NOTIFY DOCTOR SHADE GUIDE CIRCLE WHAT TAR # SHADE OF PREPARATION SURFACE TEXTURE PART OF TAB HIGH STUMP SHADE TEETH #S \_\_\_\_ ☐ MEDIUM STUMP SHADE TEETH #S \_\_\_\_\_ND \_\_\_ NECK ☐ LIGHT STUMP SHADE TEETH #S \_\_\_\_\_ ☐ SMOOTH (NO TEXTURE) CERVICAL ☐ AOSHIMA PAGE \_\_\_\_\_# \_ LENGTH OF CENTRALS TO SOFT TISSUE ZENITH DENTIN SURFACE ANATOMY (FACIAL LOBES) GINGIVAL ☐ HEAVY SPECIAL LENGTH INSTRUCTIONS \_\_\_\_ DENTIN ☐ MEDIUM MID BODY ☐ LIGHT NONE INTER **SMILE DESIGN PROXIMAL** SURFACE FINISH ☐ FRONTIER SMILES HIGH GLAZE INCISAL ☐ SMILE CATALOG L.V.I. POLISHED GLOSS ☐ MATCH PHOTOS, MAGAZINE, ETC. \_\_\_\_\_ SATIN FINISH INCISAL ☐ FOLLOW WAX UP ☐ FOLLOW TEMPS./MOCKUP LOW GLOSS **EDGE** ☐ AOSHIMA PAGE \_\_\_\_\_# \_ INCISAL TRANSLUCENCY SHADE NOTES ☐ **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 \_\_\_ RIDGE RELIEF **CHECK LIST FOR DOCTOR'S OFFICE** OVATE ☐ SHADE OF PREPARATIONS (STUMP SHADE) ☐ TEMPORARY IMPRESSION / MODEL YES NO CONTACT SPACED LENGTH OF CENTRALS TO SOFT TISSUE ☐ FINAL SHADE FACEBOW SMILE DESIGN BITE REGISTRATION WITH OUT STICK IMPRESSION COPINGS ☐ IMPLANT ANALOGS BITE REGISTRATION WITH STICK WORKING IMPRESSIONS ☐ IMPLANT ABUTMENTS

PLEASE SEND: MAILING BOXES RX FORMS MAILING LABELS

OPPOSING IMPRESSION / MODEL

☐ PHOTOS

## LABORATORY SCHEDULE

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

14 DAYS
16 DAYS
14 DAYS
14 DAYS
5-10 DAYS
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.

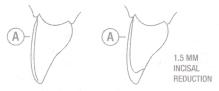
Rush cases are available with prior telephone approval.

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.

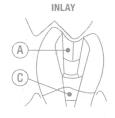
Should you have any questions please feel free to call us. These terms are subject to change without notice.

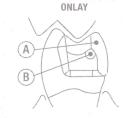
### PREPARATION GUIDELINES

**ALL-CERAMIC/COMPOSITE VENEERS** 



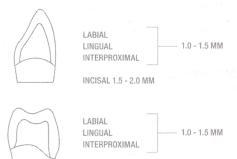
A. 0.7 TO 1.0 MM LABIAL REDUCTION





- 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



# TERMS

OCCLUSAL 1.5 - 2.0 MM

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.

X - INSTRUCTIONS (CONT.)	
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