

# Radiant Esthetic Dental Art

1515 Redondo Beach Boulevard, 1st Floor, Gardena, CA 90247  
T 310 849 0756 www.RadiantEstheticDentalArt.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 \_\_\_\_\_  
PATIENT'S NAME \_\_\_\_\_  
OFFICE ADDRESS \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

1. RX TOOTH #
- |                                      |                                   |       |
|--------------------------------------|-----------------------------------|-------|
| ALL CERAMIC                          | EMPRESS _____                     | _____ |
|                                      | AUTHENTIC _____                   | _____ |
|                                      | EMAX EPRESS _____                 | _____ |
|                                      | PORCELAIN FUSED TO ZIRCONIA _____ | _____ |
|                                      | FELDSPATHIC _____                 | _____ |
| BRILLIANCE Z (FULL CONTOUR ZIRCONIA) | _____                             | _____ |
|                                      | _____                             | _____ |
| PORCELAIN FUSED TO METAL             | PORCELAIN FUSED TO METAL _____    | _____ |
|                                      | AUTHENTIC W/METAL _____           | _____ |
| CERAMICS/COMPOSITES                  | SINFONY _____                     | _____ |
|                                      | SINFONY/VECTRIS _____             | _____ |
| ALL METAL                            | GOLD RESTORATIONS _____           | _____ |
|                                      | KOIS DEPROGRAMMER _____           | _____ |
|                                      | KOIS NIGHTGUARDS _____            | _____ |
| APPLIANCES                           | NIGHTGUARDS _____                 | _____ |

**SEND PHOTOS TO: RadiantEstheticDentalArt@gmail.com**

**R<sub>x</sub> - INSTRUCTIONS**

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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 \_\_\_\_\_


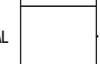
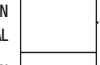
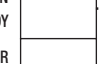

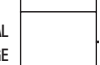

7. SURFACE TEXTURE  
 HIGH  
 MEDIUM  
 LIGHT  
 SMOOTH (NO TEXTURE)  
 AOSHIMA PAGE \_\_\_\_\_ # \_\_\_\_\_

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**

TAB #	CIRCLE WHAT PART OF TAB
NECK	
CERVICAL	
DENTIN GINGIVAL	
DENTIN MID BODY	
INTER PROXIMAL	
INCISAL	
INCISAL EDGE	






**SHADE NOTES**

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\_\_\_\_\_

\_\_\_\_\_

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

## 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
SINFONY	7 DAYS
GOLD	14 DAYS
DIAGNOSTIC WAX UPS	7 DAYS
FULL MOUTH WAX UPS	7 DAYS

## OUR GUARANTEE TO YOU

At Radiant Esthetic Dental Art 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.

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

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

For Frontier to cover the warranties listed above, accounts must be a continuous client and be in good financial standing with Frontier.

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

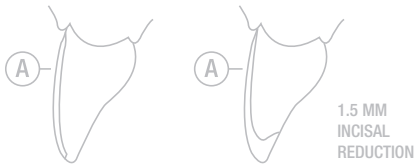
*Rush cases are available with prior telephone approval.*

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.

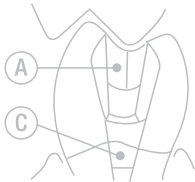
### PREPARATION GUIDELINES

#### ALL-CERAMIC/COMPOSITE VENEERS

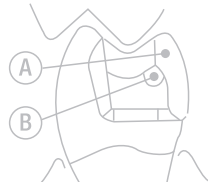


A. 0.7 TO 1.0 MM LABIAL REDUCTION

#### 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

## R<sub>x</sub> - INSTRUCTIONS (CONT.)

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### TERMS

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.