

DATE _____

DENTIST PREFERENCE FORM

Please complete this form and return it by fax, email or with your next case.

DR. NAME _____ PRACTICE NAME _____

EMAIL _____ OFFICE PHONE _____

CELL PHONE _____ FAX _____

OFFICE HOURS: MON _____ TUES _____ WED _____ THURS _____ FRI _____

DOCTOR RESPONSIBLE FOR BILLING _____ OPEN DURING LUNCH? YES NO

OFFICE CONTACT FOR BILLING OR ACCOUNT-RELATED INFORMATION _____

1) HOW DO YOU LIKE YOUR PROXIMAL CONTACTS?

VERY LIGHT LIGHT TIGHT POINT OTHER _____

2) HOW DO YOU LIKE YOUR OCCLUSAL CONTACTS?

IN LIGHT LIGHT TO OUT OUT

3) WHAT TYPE OF MARGINS DO YOU PREPARE?

CHAMFER SHOULDER BEVEL FEATHER EDGE

4) DO YOU WANT A LINGUAL COLLAR ON YOUR PFM RESTORATIONS?

YES NO I DO NOT PRESCRIBE PFM CROWNS

5) ALLOY PREFERENCE:

HIGH NOBLE YELLOW HIGH NOBLE WHITE NOBLE YELLOW NOBLE WHITE BASE OTHER _____

6) BITE REGISTRATION:

IF THE BITE IS TIGHT, THE LAB WILL REDUCE OPPOSING NO MORE THAN .5MM AND MARK MODELS IN RED PENCIL WHERE REDUCED. PLEASE CALL ME CASE BY CASE.

7) HOW SUBGINGIVAL DO YOU WANT YOUR MARGINS ON IMPLANT ABUTMENTS, UNLESS OTHERWISE INDICATED?

ANTERIOR: Labial _____ Mesial _____ Distal _____ Lingual _____

POSTERIOR: Buccal _____ Mesial _____ Distal _____ Lingual _____

Other specifications requested _____

8) SINGLE-UNIT ITERO CASES:

MODELESS MODELS

9) WHAT INSURANCE(S) DO YOU ACCEPT?

AETNA CAREFIRST CIGNA DELTA DENTAL HUMANA METLIFE UNITED HEALTHCARE

FEE FOR SERVICE OTHER _____

10) IF YOU HAVE AN IOS SCANNER, DO YOU WANT YOUR SINGLE UNIT CASES TO HAVE MODELS? YES NO

11) ADDITIONAL PREFERENCES: