

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 \_\_\_\_\_ MOBILE \_\_\_\_\_ FAX \_\_\_\_\_

OFFICE HOURS: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

OPEN DURING LUNCH?  YES  NO ARE PATIENT'S PRE-SCHEDULED  YES  NO

SCHEDULED OFFICE CLOSURES: \_\_\_\_\_

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  PLEASE CALL ME CASE BY CASE.  
 OPPOSING NO MORE THAN .5MM AND MARK  OK TO PROVIDE A DURALAY REDUCTION COPING  
 MODELS IN RED PENCIL WHERE REDUCED.

**7) SINGLE-UNIT IOS SCANNED CASES:**

MODELESS  MODELS

**8) REMOVABLE PREFERENCES:**

TYPE: Standard \_\_\_\_\_ Premium \_\_\_\_\_ Will Indicate Each Case \_\_\_\_\_

**9) ADDITIONAL PREFERENCES:**