

Dentist Preference Form

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

Doctor Name: _____ Date: _____

Practice Name: _____

Email: _____

Office Phone: _____ Mobile: _____ Fax: _____

Office Hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Open During Lunch? Yes ____ No ____

Are Patients Pre-Scheduled? Yes ____ No ____

Office Contact for Billing or Account-Related Information _____

1. How do you prefer your proximal contacts?

Please Circle: Very Light Light Tight Point Other: _____

2. How do you prefer your occlusal contacts?

Please Circle: In Light Light to Out Out

3. What type of margins do you prefer?

Please Circle: Chamfer Shoulder Bevel Feather Edge

4. Do you want a lingual collar on your PFM Restorations?

Please Circle: Yes No I do not prescribe PFM Crowns

5. Alloy Preference:

Please Circle: 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. Single-Unit IOS Scanned Cases:

Please Circle: Modeless Models

8. Removable Preferences:

Type: Standard: _____ Premium: _____ Will Indicate Each Case _____

9. Implant Preferences

Screw Retained

- TI Base
- Angled Screw Channel

Screw Access

- Lab to Cement
- Doctor to Cement

Cement-Retained Abutment

- Zirconia - Shade: _____
- Gold Hue
- Abutment Seating Jig

Implant System

- Prefer OEM
- Nobel Biocare
- Zimmer
- Zimmer Encode
- BioHorizons
- Straumann
- Biomet 3i
- Bioment Encode
- Astra Tech
- Hiossen

