

Client Preference Guide

Please document your preferences on the items below. We will use this form to record your preferences into our quality control system. By doing so, this should result in minimal chair time, satisfied patients and “no surprises.”

NOTE: RX-specific instructions will take precedence over this Preference Guide.

Dentist Name	Practice Name/Group Name
License Number	Office Phone
Street Address	City, State, Zip
Office Contact (Name + Title)	Email Address
Dr. Email	Dr. Phone
























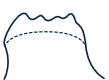















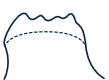















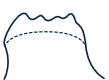

OFFICE DELIVERY HOURS

MON	_____ - _____
TUES	_____ - _____
WED	_____ - _____
THURS	_____ - _____
FRI	_____ - _____

How do you prefer we reach you for technical questions & follow up?

Office Phone Office Email
 Dr.'s Phone Dr.'s Email

FIXED PROSTHESES

<p>OCCLUSAL CONTACT W/ OPPOSING TEETH</p> <p><input type="checkbox"/> Positive Contact <input type="checkbox"/> Light Contact <input type="checkbox"/> No Contact</p> <p>DIE SPACER</p> <p><input type="checkbox"/> Light - One Coat <input type="checkbox"/> Medium - Two Coats <input type="checkbox"/> Heavy - Three Coats</p> <p>PONTIC SIZE BUCCAL/LINGUAL WIDTH</p> <p><input type="checkbox"/> Same As Natural Teeth <input type="checkbox"/> 2/3 Natural Teeth</p> <p>PONTIC TO TISSUE CONTACT (TYPE OF MATERIAL)</p> <p><input type="checkbox"/> Porcelain <input type="checkbox"/> Metal</p> <p>ANATOMY</p> <p><input type="checkbox"/> Primary Only <input type="checkbox"/> Primary & Secondary <input type="checkbox"/> Follow Natural Anatomy</p> <p>FINISH OF METAL CROWNS</p> <p><input type="checkbox"/> Highly Polished <input type="checkbox"/> Highly Polished with Satin-blasted Occlusal</p> <p>RIDGE RELIEF HEALED AREA</p> <p><input type="checkbox"/> Slight Relief <input type="checkbox"/> Heavy Relief <input type="checkbox"/> Medium Relief <input type="checkbox"/> No Relief</p>	<p>OCCLUSAL ADJUSTMENT (IF NEEDED)</p> <p><input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Metal Island <input type="checkbox"/> Adjust Opposing Occlusion <input type="checkbox"/> Wants To Be Called <input type="checkbox"/> Transfer Relief Coping</p> <p>OCCLUSAL STAINING</p> <p><input type="checkbox"/> None <input type="checkbox"/> Light (Orange) <input type="checkbox"/> Heavy (Brown)</p> <p>INTERPROXIMAL CONTACTS TO BE</p> <p> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> Normal Heavy & Broad Point</p> <p>INTERPROXIMAL SPACING</p> <p> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> Normal Opening Very Wide Opening Closed</p> <p>TISSUE CONTACT DESIGN (POSTERIOR)</p> <p> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> No Contact Sanitary Pontic Moderate Ridge Ridge Lap</p>	<p>DESIGN PREFERENCE</p> <p>FOR ANTERIOR</p> <table border="1"> <tr> <td> <input type="checkbox"/> Full Porcelain No Metal Showing</td> <td> <input type="checkbox"/> Lingual Shoulder</td> <td> <input type="checkbox"/> Lingual Shoulder w/ Small Labial Shoulder</td> </tr> <tr> <td> <input type="checkbox"/> Narrow Shoulder All Around</td> <td> <input type="checkbox"/> Full Metal Lingual</td> <td> <input type="checkbox"/> Full Metal Lingual w/ Narrow Labial Shoulder</td> </tr> </table> <p>FOR POSTERIOR</p> <table border="1"> <tr> <td> <input type="checkbox"/> Full Porcelain No Metal Showing</td> <td> <input type="checkbox"/> Lingual Shoulder</td> <td> <input type="checkbox"/> Lingual Shoulder w/ Small Labial Shoulder</td> </tr> <tr> <td> <input type="checkbox"/> Lingual Cusps Metal</td> <td> <input type="checkbox"/> Lingual Cusps Metal</td> <td> <input type="checkbox"/> Buccal Porcelain Veneer</td> </tr> <tr> <td> <input type="checkbox"/> Buccal Porcelain Veneer w/ Narrow Buccal Shoulder</td> <td colspan="2"> <input type="checkbox"/> Buccal Porcelain Veneer w/ Narrow Buccal Shoulder & Full Metal Occlusal</td> </tr> </table> <p>RIDGE RELIEF RECENT EXTRACTION</p> <table border="1"> <tr> <td> <input type="checkbox"/></td> <td> <input type="checkbox"/></td> </tr> <tr> <td>Heavy Relief</td> <td>Socket Relief</td> </tr> </table>	 <input type="checkbox"/> Full Porcelain No Metal Showing	 <input type="checkbox"/> Lingual Shoulder	 <input type="checkbox"/> Lingual Shoulder w/ Small Labial Shoulder	 <input type="checkbox"/> Narrow Shoulder All Around	 <input type="checkbox"/> Full Metal Lingual	 <input type="checkbox"/> Full Metal Lingual w/ Narrow Labial Shoulder	 <input type="checkbox"/> Full Porcelain No Metal Showing	 <input type="checkbox"/> Lingual Shoulder	 <input type="checkbox"/> Lingual Shoulder w/ Small Labial Shoulder	 <input type="checkbox"/> Lingual Cusps Metal	 <input type="checkbox"/> Lingual Cusps Metal	 <input type="checkbox"/> Buccal Porcelain Veneer	 <input type="checkbox"/> Buccal Porcelain Veneer w/ Narrow Buccal Shoulder	 <input type="checkbox"/> Buccal Porcelain Veneer w/ Narrow Buccal Shoulder & Full Metal Occlusal		 <input type="checkbox"/>	 <input type="checkbox"/>	Heavy Relief	Socket Relief
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DENTURES

<p>TYPE OF CUSTOM TRAY</p> <p><input type="checkbox"/> Acrylic</p> <p><input type="checkbox"/> With Holes <input type="checkbox"/> Without Holes</p> <p>TYPE OF BASEPLATE</p> <p><input type="checkbox"/> Acrylic Light Cured</p> <p>Post Dam Requested at this Stage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SET UP PROCEDURE</p> <p><input type="checkbox"/> Midline As Marked</p> <p><input type="checkbox"/> Follow Papilla</p> <p><input type="checkbox"/> Follow Opposing Midline</p> <p><input type="checkbox"/> Special Instructions</p> <p>_____</p> <p>_____</p>	<p>PROCEDURE FOR IMMEDIATE</p> <p><input type="checkbox"/> Normal Trim <input type="checkbox"/> Socket</p> <p><input type="checkbox"/> No Trim Of Cast <input type="checkbox"/> Surgical Tray</p> <p>TYPE OF TEETH</p> <p><input type="checkbox"/> Premium <input type="checkbox"/> Economy <input type="checkbox"/> Other</p> <p>Cusp Degree:</p> <p><input type="checkbox"/> 0° <input type="checkbox"/> 20° <input type="checkbox"/> Functional</p> <p>_____</p> <p>POST DAM STYLE DESIRED</p> <p><input type="checkbox"/> Butterfly <input type="checkbox"/> As Outlined</p> <p>PALATAL RELIEF DESIRED</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Outlined</p>	<p>TYPE OF FINISH</p> <p><input type="checkbox"/> Festooned <input type="checkbox"/> Rugae</p> <p><input type="checkbox"/> Stippled <input type="checkbox"/> Smooth</p> <p>TYPE OF PERIPHERAL ROLL</p> <p><input type="checkbox"/> Thin <input type="checkbox"/> Full</p> <p><input type="checkbox"/> Medium <input type="checkbox"/> As Instructed</p> <p>TYPE OF BLEACHING TRAYS</p> <p><input type="checkbox"/> Reservoir <input type="checkbox"/> Foam Lined</p> <p>ID REQUEST</p> <p><input type="checkbox"/> Upon Request</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Never</p>
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PARTIALS

<p>PROCEDURE FOR DESIGNING PARTIALS</p> <p><input type="checkbox"/> Dr. Designs <input type="checkbox"/> Lab Designs</p> <p>THICKNESS OF CLASPS DESIRED</p> <p><input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy</p> <p>CLASP PREFERENCE</p> <p><input type="checkbox"/> “I” Bar <input type="checkbox"/> Ackers <input type="checkbox"/> “C” Clasp</p> <p>TISSUE RELIEF REQUESTED</p> <p><input type="checkbox"/> Slight <input type="checkbox"/> Medium <input type="checkbox"/> Heavy</p> <p>ADJUSTMENT OF OPPOSING</p> <p><input type="checkbox"/> Call Dr. <input type="checkbox"/> Adjust Opposing</p>	<p>MAJOR CONNECTOR UPPER</p> <p><input type="checkbox"/>  Palatal Strap</p> <p><input type="checkbox"/>  Horseshoe</p> <p><input type="checkbox"/>  Closed Horseshoe, Open Palate, Anterior-Posterior Strap or Circular Bar</p>		
	<p>MAJOR CONNECTOR LOWER</p> <p><input type="checkbox"/>  Lingual Bar</p> <p><input type="checkbox"/>  Kennedy Bar</p> <p><input type="checkbox"/>  Lingual Plate</p>		

NOTES

Please enclose this preference sheet with your next case. We thank you for the opportunity to work with your practice.