

DOCTOR'S PREFERENCE CHART



YOUR DENTAL LAB PARTNER

131 Old Schoolhouse Lane, Mechanicsburg, PA 17055

717.697.6324 | 800.382.1240

www.thayerdental.com

Please take a few moments to complete this chart and return it to us with your next case. This will enable our highly skilled technical personnel to quickly refer to your case work preferences while fabricating your case. In this way, we can assure you of the high index of quality and consistency that our customers have come to rely on for over 40 years.

Date: _____

Name: _____

Practice: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Practice Hours: Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____

Preferred Method of Contact for Case Questions: ☐ Office Phone ☐ Cell Phone ☐ Email

May we email you information about educational programs & offers from our laboratory? ☐ Yes ☐ No

Is your practice software linked to DDX? ☐ Yes ☐ No

Do you take digital impressions? ☐ Yes ☐ No If "yes," which system? _____

CROWN & BRIDGE

METAL COLLARS: **Anteriors:** ☐ Yes ☐ No ☐ Buccal ☐ Lingual
 Posteriors: ☐ Yes ☐ No ☐ Buccal ☐ Lingual

METAL OCCLUSALS: ☐ Yes ☐ No ☐ When Needed

MAY WE RELIEVE THE OPPOSING TOOTH? ☐ Yes ☐ No ☐ Call First

PROXIMAL CONTACTS: ☐ Light (shim stock pulls easily through contacts)
 ☐ Broad
 ☐ Oval
 ☐ Heavy (shim stock is snug through contacts)
 ☐ Indicated on Prescription

PREFERRED FULL CAST ALLOY: ☐ Noble ☐ High Noble

PREFERRED PFM ALLOY: ☐ Noble ☐ High Noble ☐ Predominantly Base

STAINING: ☐ None ☐ Natural ☐ Heavy Characterization
 ☐ Indicated on Prescription

OCCLUSAL CLEARANCE: ☐ In Occlusion ☐ Out of Occlusion: _____ mm

ADDITIONAL PREFERENCES: _____

DENTURES

TRAYS:

- ☐ Solid ☐ Perforated

DENTURE SELECTION:

- ☐ Standard ☐ Premium ☐ Indicated on Prescription

TOOTH SELECTION:

- ☐ Hardened Acrylic ☐ Composite Resin Reinforced

TOOTH MANUFACTURER:

- ☐ Dentsply ☐ Ivoclar ☐ Vita

**OCCLUSALS ON
POSTERIOR TEETH:**

- ☐ 0 Degrees ☐ Lingualized
☐ 20 Degrees ☐ Functional
☐ 30 Degrees ☐ Indicated on Prescription

SET-UP:

- ☐ Ideal ☐ Aesthetic

PALATAL RELIEF:

- ☐ Yes ☐ No

PALATE:

- ☐ Smooth ☐ Anatomical

STIPPLED:

- ☐ Yes ☐ No

FULL ROLL:

- ☐ Yes ☐ No

POLISH PERIPHERALS:

- ☐ Yes ☐ No

MYOSTATIC OUTLINE:

- ☐ Yes ☐ No

FLEXIBLES:

- ☐ Dura-Flex™ ☐ TCS® ☐ Indicated on Prescription

CAST PARTIALS

CAN WE CHANGE DESIGN IF NECESSARY?

☐ Yes

☐ No

SHOULD WE CALL YOU ABOUT DESIGN CHANGES THAT WOULD IMPROVE AESTHETICS OR RETENTION?

☐ Yes

☐ No

PREFERRED MAJOR CONNECTOR:

Upper: _____

Lower: _____

☐ Indicated on Prescription

FRAMEWORK TRY-IN:

☐ Yes

☐ No

FRAMEWORK WITH SET-UP TRY-IN:

☐ Yes

☐ No

☐ Indicated on Prescription

TOOTH SELECTION:

☐ Hardened Acrylic

☐ Composite Resin Reinforced

TOOTH MANUFACTURER:

☐ Dentsply

☐ Ivoclar

☐ Vita

OTHER COMMENTS OR INSTRUCTIONS: _____
