



Doctor Preference Form

To ensure we meet your expectations and provide consistent quality when planning, designing, and delivering exceptional restorations, please fill out the following form.

Dr. Name: _____ Phone: _____

Practice Name: _____

Please use the following preferences, unless otherwise stated on RX.

For insufficient occlusal clearance please do the following:

- | | |
|---|--|
| <input type="checkbox"/> Reduce the opposing & mark area | <input type="checkbox"/> Reduce the prep & mark area |
| <input type="checkbox"/> Reduce prep & provide reduction coping | <input type="checkbox"/> Always call to discuss |

Contacts

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Pointy | <input type="checkbox"/> Light |
| <input type="checkbox"/> Broad | <input type="checkbox"/> Heavy |

Occlusion

- | | |
|--|--|
| <input type="checkbox"/> Light | <input type="checkbox"/> In Occlusion |
| <input type="checkbox"/> Slightly out of occlusion | <input type="checkbox"/> Completely out of occlusion |

Occlusion Staining

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Light | <input type="checkbox"/> See RX |

Pontic to Tissue Adaptation

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Tight |
| <input type="checkbox"/> Light | <input type="checkbox"/> See RX |

Porcelain Finish Surface Texture

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Smooth | <input type="checkbox"/> Heavy |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Match Shade Tab |

Default PFM Metal

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Base Metal | <input type="checkbox"/> Semi-Precious |
| <input type="checkbox"/> High Noble | <input type="checkbox"/> See RX |

Any additional recommendations not listed above please list in space below:
