

Additional comments:

Doctor Preference Profile

We understand that each Doctor has different preferences when it comes to their cases. These preferences can directly impact the success of your cases as well as patient satisfaction. By filling out a Doctor Preference Profile, we can store your individual preferences and use them to customize cases to your exact specifications. This profile also lets us know how to proceed in any given scenario, such as what to do in the lack of occlusal clearance, and how you would like for our lab to communicate with your practice.

| Doctor Name: | | | | DDS | DMD | | |
|-----------------------|------------------------|--|--------------------|-----------------|---------------|-------------------|-------------------------|
| Who is our point of | contact for case speci | fic fabrication questions? | | | | | |
| Would you prefer a | phone call or email? I | Please provide your conta | act information: _ | | | | |
| How do you like you | ur interproximal conta | acts? | | | | | |
| LIGHT | MEDIUM | HEAVY | PINPOINT | NORMA | AL | BROAD | |
| | | Our standard fabrication onot want to use our star | | | | | d 4 red sheets of Madam |
| SLIGHT OC | CLUSAL CONTACT | WITH OPPOSING FOR | ALL UNITS | | | | |
| PLENTY OF | OCCLUSAL CLEAR | ANCE (4 red sheets of M | .B. ribbon anterio | r, 9 red sheets | of M.B. ribb | oon posterior) | |
| OTHER: | | | | | | | |
| How would you like | for us to proceed in t | he event of a lack of clear | rance? | | | | |
| METAL BIT | E PAD/METAL OCCI | LUSION | | | | | |
| REDUCTION | N COPING | | | | | | |
| ADJUST TH | E OPPOSING | | | | | | |
| CONTACT I | ME FIRST (PHONE C | OR EMAIL) | | | | | |
| If the opposing is a | crown, then: | | | | | | |
| Do the same | as selected above | Take this action | : | | | | |
| Our standard fabric | ation of PFM cases is | to "show no metal." If you | u would like a met | al collar on yo | ur cases, ple | ease let us know: | |
| YES | NO | | | | | | |
| If yes, do you want t | he metal collar: | Lingual side only on all | units Oth | ner: | | | _ |
| What is the one thir | ng you liked most abou | ut your previous lab(s)? | | | | | |
| | | | | | | | |
| What is the one thir | ng you disliked most a | bout your previous lab(s |)? | | | | |
| | | | | | | | |