



Doctor's Preference Profile

(Return with first case)*

Date: _____

Office Information (please be as complete as possible)

Doctor: _____
 Practice Name (if different): _____
 Address: _____
 City, State, ZIP: _____
 Email: _____

Office Phone Numbers

Main #: _____
 Fax #: _____
 "Back-line" #: _____
 Dr. Cell Phone: _____
 Other: _____

How do you prefer to be contacted? Office phone Cell Text Email Other _____

I'd like my statements emailed to me: No Yes (email) _____

I'd like email alerts that a case has been received: No Yes (email) _____

I'd like email alerts that a case has been shipped: No Yes (email) _____

I'd like email alerts that a case has been placed on hold: No Yes (email) _____

Crown & Bridge

	Defaults	Alternate Options
Alloy Choice <i>Porcelain Alloy</i>	<input type="checkbox"/> Base	<input type="checkbox"/> Noble White <input type="checkbox"/> High Noble White <input type="checkbox"/> High Noble Yellow
<i>Full Cast Alloy</i>	<input type="checkbox"/> Base	<input type="checkbox"/> Noble White <input type="checkbox"/> Noble Gold <input type="checkbox"/> High Noble Gold
Zirconia Choice Anterior	N/A	<input type="checkbox"/> E-zr Natural <input type="checkbox"/> E-zr Total
Posterior		<input type="checkbox"/> E-zr Natural <input type="checkbox"/> E-zr Total
Solid Model	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ridge Relief	<input type="checkbox"/> Slight	<input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> Heavy
Die Spacer	<input type="checkbox"/> Standard 2 layers	<input type="checkbox"/> None <input type="checkbox"/> # of coats _____
Room Issue	<input type="checkbox"/> Call for instructions	<input type="checkbox"/> Do not relieve, return for re-prep <input type="checkbox"/> Relieve Opposing <input type="checkbox"/> Relieve Die
Occlusion	<input type="checkbox"/> Slightly out of occlusion <small>(shimstock pulls through)</small>	<input type="checkbox"/> In occlusion (holds shimstock) <input type="checkbox"/> Out of occlusion (2 layers of foil) <input type="checkbox"/> Out of occlusion (1 layer of foil)
Occlusal Staining	<input type="checkbox"/> None	<input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy
Cervical Staining	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Proximal Contact	<input type="checkbox"/> Natural	<input type="checkbox"/> Broad <input type="checkbox"/> Heavy
Pontic Design	<input type="checkbox"/> Modified Ridge-lap	<input type="checkbox"/> Full Ridge-lap <input type="checkbox"/> Hygienic <input type="checkbox"/> High water <input type="checkbox"/> Ovate
Esthetic Upgrade	<input type="checkbox"/> Only when specified	<input type="checkbox"/> Capella

Implants

Please call to set-up preferences for this department.

Digital Scans

Please call to set-up preferences for this department.

Please specify additional options on your lab prescription form.

