edmonds Dental Prosthetics

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: _____
E-mail: _____

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

How do you prefer to be contacted?

Office Phone	☐ Yes	☐ No
Cell	☐ Yes	☐ No
Text	☐ Yes	☐ No
E-mail	☐ Yes	☐ No

I'd like email alerts that a case has been

Received:	☐ Yes	☐ No
Shipped:	☐ Yes	☐ No
Placed on hold:	☐ Yes	☐ No

How do you prefer your marketing? ☐ *E-mail* ☐ *Paper*

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

Doctor's Preference Profile Cont.

(Return with first case)*

Partials & Dentures		
	Defaults	**Alternate Options**
Partial / Denture	☐ **Premium**	☐ Essential
Name in Denture	☐ **Yes**	☐ No *(MO dentists are required by law to include name)*

Orthodontics			
		Defaults	**Alternate Options**
Splints	*Premium*	☐ **Flat Plane** ☐ **No cuspid rise** ☐ **No anterior guidance**	☐ Centric Contact ☐ Cuspid Rise ☐ Anterior guidance
	Hard Standard	☐ **Flat Plane** ☐ **No cuspid rise** ☐ **No anterior guidance**	☐ Centric Contact ☐ Cuspid Rise ☐ Anterior guidance
	Dual Laminate	☐ **Flat Plane** ☐ **No cuspid rise** ☐ **No anterior guidance**	☐ Centric Contact ☐ Cuspid Rise ☐ Anterior guidance
	Hard over/ semi soft liner	☐ **Flat Plane** ☐ **No cuspid rise** ☐ **No anterior guidance**	☐ Centric Contact ☐ Cuspid Rise ☐ Anterior guidance
Bite Opener/Deprogramer		☐ **Astron (thermoplastic)** ☐ **Canine to canine** ☐ **Contact 2 centrals only**	☐ Acrylic ☐ Lateral to lateral ☐ Full arch ☐ 1st bicuspid to 1st bicuspid ☐ Other: _____
Lingual Wire		☐ **Flat bracket**	☐ Wire loop
Hawley Retainer		☐ **Bow w/ ball clasps** ☐ **Tissue color** ☐ **Full palate**	☐ Adams clasps ☐ C clasps ☐ Color as requested ☐ Horseshoe palate
Vacuform Retainers (clear)		☐ **1mm** ☐ **Scalloped boarders**	☐ Other Size: _____ ☐ Straight

Please specify additional options on your lab prescription form.

*Quality you can trust, from people who care.*SM

edmonds Dental Prosthetics

800.462.3569
www.EdmondsDentalProsthetics.com