

DOCTOR PREFERENCE GUIDE



GENERAL INFORMATION

Doctor's Name _____
Practice Name _____
Street _____
Address Line 2 _____
City _____ State _____ ZIP _____
Phone # _____ Fax # _____
Email _____

REFERRED BY

Website Current Customer _____
 Advertisement Word of Mouth Other _____

OFFICE HOURS:

M: ___/___ T: ___/___ W: ___/___ TH: ___/___ F: ___/___ S: ___/___
Emergency # _____

OFFICE CONTACTS FOR

Scheduling Questions _____
Office Manager _____
Phone # _____ Email _____
Doctor's Assistant _____
Phone # _____ Email _____

We want to earn your five.

Submit your completed doctor preference guide with your first case and be automatically enrolled in the Let Us Earn Your 5 promotion. Submit and grade your first four cases, and receive a free single-unit crown on your fifth.



BILLING INFORMATION

Main Contact _____
Phone # _____ Fax # _____
Email _____ Opt in for Invoice/Daily Emails
Billing Address (if different) _____
City _____ State _____ ZIP _____
Do you want to be billed Sales & Use Tax on your invoices? YES NO

CONTACT INFORMATION

Who do we contact for technical/clinical questions?

Can we email or text the dentist with case questions? YES NO
If so, please provide cell & Email address:
Cell _____ Email _____

TERMS

Invoices are due in full net 30 from invoice date. If not paid in 30 days, account is subject to 1.5% finance charge per month of unpaid balance (approximately 18% annual percentage rate). If not paid within 60 days, attorney fees, cost of collection, and continuing interest shall be added.

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Die Spacer - Digitally Designed

- None Light
- Medium** Heavy

Occlusal Contact

- Tight - (8 micron)
- Light - (40 micron)**
- Out of occlusion - (80 micron)

Interproximal Contact

- Tight - (8 micron - Fit to Solid Model)**
- Medium - (40 micron)
- Light - (80 micron)

Occlusal Stain

- (Brown) **Light** None **Light** None
- Medium Heavy Medium Heavy
- (Orange)

Gingival Stain

- Light** None
- Medium Heavy

Pontic Design

- Full Ridge **Modify Ridge** No Contact Point Contact Pontic in Socket



- Scrap pontic areas on working model
- Only scrap pontic areas on solid model
- Do not touch pontic areas**

If Margin Unclear

- Contact for discussion** Do the best to trim (no guarantee)
- Send back Require new impression

If Occlusal Space Is Needed

- Contact for discussion Make metal island
- Adjust opposing tooth Make metal occlusal
- Adjust prep & make reduction coping in resin** Adjust prep & mark die

Path of Insertion

- Contact for discussion Adjust & mark adjacent teeth (if problem)
- Adjust prep & make reduction (Frame try-in will be request by lab)** Do not adjust - make as is (no guarantee)

No Bite Enclosed or Not Sure (enclosed bite/impression is correct)

- Use impression for bite **Hand mount**
- Contact office and send case for dentist to verify/mount

Preparation too Bulky, Undercut or Bridge not Parallel

- Adjust prep & make reduction coping** Adjust and mark in red
- Do not adjust - make as is (no guarantee) Contact for discussion

Adjacent Tooth Undercut

- Adjust adjacent and mark in red** Contact for discussion
- Do not adjust - make as is (no guarantee)

No Bite Enclosed or provided bite feedback inadequate

- Hand mount Fixed cases
- Make ideal (no guarantee) **Contact for discussion**

Rx Requested Porcelain Butt Margin, but No Shoulder Margin Prepared

- Ignore the instruction make "no show metal"** Contact for discussion
- Still proceed (no guarantee)

Implant Abutment

- Adjust as needed** Contact for discussion
- Do not adjust, just process as is (no guarantee)

Crown Under a Partial (optional)

- Will provide partial for entirety of fabrication process
- Will provide single tray full-arch impression with partial impressed, and will temporarily provide partial until matrix is fabricated

SPECIAL INSTRUCTIONS

Note: Options listed in "**Bold Text**" are recommended by our laboratory for best case results. If no option is chosen, we will default to the recommended option.