

DATE _____

1. DR NAME _____ EMAIL _____

2. OFFICE PHONE _____ CELL PHONE _____ FAX _____

3. HOW DO YOU LIKE YOUR PROXIMAL CONTACTS? VERY LIGHT - LIGHT - TIGHT - OTHER _____

4. HOW DO LIKE YOUR OCCLUSAL CONTACTS? IN - LIGHT - LIGHT TO OUT - OUT

5. WHAT TYPE OF MARGINS DO YOU PREPARE? CHAMFER - SHOULDER - BEVEL - FEATHER EDGE

6. IF PFM CROWNS, DO YOU WANT A LINGUAL COLLAR? YES - NO

7. DO YOU ALWAYS USE A CERTAIN GRADE OF ALLOY? NO _____ YES _____

IF YES (SPECIFY) 1. HIGH NOBLE - YELLOW OR WHITE _____ 2. NOBLE, SEMI-PRECIOUS _____ 3. BASE _____

8. REDUCE OPPOSING: (choose a or b)

a. Can we reduce the opposing if the bite is tight as long as it is less than .5mm?

We will always mark the model in red wherever we reduce.

(YES, REDUCE OPPOSING AND MARK IN RED)

b. Would you rather be called case by case?

(PLEASE CALL ME CASE BY CASE)

9. IMPLANTS: DO YOU PREFER MARGINS SUBGINGIVAL OR SUPRAGINGIVAL? (circle one)

10. HOW SUBGINGIVAL DO YOU WANT YOUR MARGINS ON IMPLANT ABUTMENTS, UNLESS OTHERWISE INDICATED? Normal: (check if ok)

1.3 anterior _____

1.0 posterior _____

At Crest of tissue _____

1/2mm interproximal _____

Other specifications requested _____

11. HOW DID YOU HEAR ABOUT US? WEBSITE - SEMINAR - COLLEAGUE - SALES REP - OTHER _____

12. ADDITIONAL COMMENTS _____