DATE________________

DENTIST PREFERENCE FORM

Please complete this form and return it by fax, email or with your next case.

DR. NAME________________________ PRACTICE NAME______________________________

EMAIL________________________ OFFICE PHONE______________________________

CELL PHONE________________________ FAX______________________________

OFFICE HOURS: MON____________ TUES____________ WED____________ THURS____________ FRI____________

DOCTOR RESPONSIBLE FOR BILLING________________________ OPEN DURING LUNCH? □ YES □ NO

OFFICE CONTACT FOR BILLING OR ACCOUNT-RELATED INFORMATION_________________________________________

1) HOW DO YOU LIKE YOUR PROXIMAL CONTACTS?
   □ VERY LIGHT   □ LIGHT   □ TIGHT   □ POINT   □ OTHER________________________

2) HOW DO YOU LIKE YOUR OCCLUSAL CONTACTS?
   □ IN   □ LIGHT   □ LIGHT TO OUT   □ OUT

3) WHAT TYPE OF MARGINS DO YOU PREPARE?
   □ CHAMFER   □ SHOULDER   □ BEVEL   □ FEATHER EDGE

4) DO YOU WANT A LINGUAL COLLAR ON YOUR PFM RESTORATIONS?
   □ YES   □ NO   □ I DO NOT PRESCRIBE PFM CROWNS

5) ALLOY PREFERENCE:
   □ HIGH NOBLE YELLOW   □ HIGH NOBLE WHITE   □ NOBLE YELLOW   □ NOBLE WHITE   □ BASE   □ OTHER________________________

6) BITE REGISTRATION:
   □ IF THE BITE IS TIGHT, THE LAB WILL REDUCE   □ PLEASE CALL ME CASE BY CASE.
   OPPOSING NO MORE THAN .5MM AND MARK MODELS IN RED PENCIL WHERE REDUCED.

7) HOW SUBGINGIVAL DO YOU WANT YOUR MARGINS ON IMPLANT ABUTMENTS, UNLESS OTHERWISE INDICATED?
   ANTERIOR: Labial__________ Mesial__________ Distal__________ Lingual__________
   POSTERIOR: Buccal__________ Mesial__________ Distal__________ Lingual__________

   Other specifications requested________________________

8) WHAT INSURANCE(S) DO YOU ACCEPT?
   □ AETNA   □ CAREFIRST   □ CIGNA   □ DELTA DENTAL   □ HUMANA   □ METLIFE   □ UNITED HEALTHCARE
   □ OTHER__________________________________________

ADDITIONAL PREFERENCES
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