

# PREFERENCES



## PREFERENCE LIST- FIXED

DOCTOR NAME: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

OFFICE LOCATION & ADDRESS: \_\_\_\_\_

### CROWN & BRIDGE

metal type:  NP  SP  HNW  HNG

lingual metal collar:  YES  NO

occlusal contact:  NORMAL  LIGHT  OUT OF OCCLUSION

contacts:  NORMAL  LIGHT  TIGHT

occlusal stain:  YES  NO

clearance issue (less than 1 mm):  TRIM OPPOSING & MARK  TRIM PREP & MARK  
 TRIM PREP & MAKE REDUCTION COPING  METAL LINGUAL/OCCLUSAL  
 TRIM PREP & MARK  CALL FOR INSTRUCTIONS

### IMPLANTS

margin default is: BUCCAL : 1MM SUB GINGIVAL  
MESIAL & DISTAL : 1/2 MM SUB GINGIVAL  
LINGUAL :

tissue height: BUCCAL :  DEFAULT  OTHER \_\_\_\_\_  
MESIAL & DISTAL :  DEFAULT  OTHER \_\_\_\_\_  
LINGUAL :  DEFAULT  OTHER \_\_\_\_\_

OTHER PREFERENCES NOT LISTED OR COMMENTS:

note: to help achieve consistency in the restorations you receive, all checked boxes will become default for all of your cases unless otherwise instructed.