

Doctor Preference Sheet

Doctor Name _____ Doctor Cell Phone _____
Office Name _____
Doctor Email _____ DSO/Group Affil. _____

****In an effort to reduce delays and misscommunications please check emails daily. Emails allow us to send photos as well as show record of our communication with the office****

Alternate Contact for Technical/Clinical Questions

Name _____ Alternate Email _____ Alternate Phone _____

How do you like your proximal contacts?

Very Light Light Tight Point Other _____

How do you like your occlusal contacts?

IN Light Out

If inadequate occlusal clearance:

Call Doctor Trim Opposing
 Reduction Coping Reduction Coping if less than _____mm

Can the lab adjust the prep and send reduction coping for?

Undercuts Bridge Path of Draw
 Yes No Yes No
 Yes if less than _____mm Yes if less than _____mm

If a screw-retained restoration is not ideal due to implant angulation:

Automatically change to make cement-retained Call Doctor before proceeding