



**RESTORATIVE ARTS**  
DENTAL LABORATORY

### DOCTOR'S INDIVIDUAL PREFERENCE

In order for us to better serve you please complete the personal preference sheet as listed below to serve as a guide for all cases unless otherwise indicated on the prescription form:

#### CROWN & BRIDGE/CERAMICS

1. DIE TRIM:    \_\_\_LAB    \_\_\_DOCTOR
2. DIE SPACER:    \_\_\_NONE    \_\_\_1 COAT    \_\_\_2 COATS    \_\_\_3 COATS    \_\_\_OTHER
3. CLOSE BITES:  \_\_\_OK TO TRIM/ADJUST OPPOSING FOR CLEARANCE  
                   \_\_\_MAKE TRANSFER COPING & TRIM DIE  
                   \_\_\_CALL FOR INSTRUCTIONS  
                   \_\_\_METAL OCCLUSAL SURFACE  
                   \_\_\_METAL ISLAND WHERE CLOSE
4. CONTACT AREAS:    \_\_\_BROAD  
                           \_\_\_NORMAL  
                           \_\_\_POINT  
                           \_\_\_VERIFICATION ON SOLID MODEL

5. PONTIC DESIGN:

<input type="checkbox"/> Full Ridge 	<input type="checkbox"/> Modified Ridge 	<input type="checkbox"/> No Ridge 	<input type="checkbox"/> Bullet 	<input type="checkbox"/> Sanitary 
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6. PONTIC TO TISSUE CONTACT:    \_\_\_LIGHT    \_\_\_MEDIUM    \_\_\_HEAVY

7. METAL DESIGN:

<input type="checkbox"/> A 	<input type="checkbox"/> B 	<input type="checkbox"/> C 	<input type="checkbox"/> D 	<input type="checkbox"/> E 	<input type="checkbox"/> F 	<input type="checkbox"/> G 	<input type="checkbox"/> H 
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- |                                    |  |   |                                       |
|------------------------------------|--|---|---------------------------------------|
| A. FULL PORCELAIN<br>NO METAL BAND | C. LINGUAL SHOULDERS<br>W/ GINGIVAL BAND | E. PORCELAIN VENEER<br>CROWN            | G. ½ LINGUAL METAL                    |
| B. LINGUAL METAL<br>BAND           | D. NARROW METAL BAND<br>ALL AROUND       | F. PORCELAIN VENEER<br>W/GINGIVAL CROWN | H. ½ LINGUAL METAL<br>W/GINGIVAL BAND |

8. SEAT FINISHED CROWN ON  
SECOND POUR SOLID MODEL:    \_\_\_YES    \_\_\_NO

9. METAL TO USE PFM:    \_\_\_NOBLE    \_\_\_HIGH NOBLE

10. CHARACTERIZATION (STAINING):    \_\_\_NONE    \_\_\_LIGHT    \_\_\_MEDIUM    \_\_\_HEAVY  
       \_\_\_NORMAL DEVIATION IN COLOR OF ANTERIORS    \_\_\_SHADE GUIDE USED    \_\_\_AS PER RX



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#### **DENTURES & PARTIALS**

1. CUSTOM TRAYS:     \_\_\_PERFORATED \_\_\_NO PERFORATIONS

2. IMMEDIATES:

- \_\_\_NO TRIMMING OF CAST
- \_\_\_TRIM TO RIDGE
- \_\_\_ABUT IN SOCKETS
- \_\_\_SURGICAL TEMPLATE
- \_\_\_DUPLICATE MODEL

3. TEETH:     \_\_\_PLASTIC \_\_\_PORCELAIN

4. POSTERIOR:   \_\_\_0°   \_\_\_10°   \_\_\_20°   \_\_\_33°

5. FRAME TRY-IN:

- \_\_\_NONE
- \_\_\_FRAME ONLY
- \_\_\_FRAME BITE-BLOCKS
- \_\_\_FRAME SET-UP
- \_\_\_ALTERED CAST

6. POST DAM:   \_\_\_NONE   \_\_\_BEAD   \_\_\_BUTTERFLY   \_\_\_AS NOTED

7. PALATAL PATTERN:     \_\_\_RUGAE     \_\_\_NONE

8. STIPPLED:   \_\_\_YES           \_\_\_NO