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My Case Preferences

Doctor Name: _____

Account Number: _____









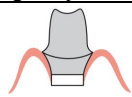
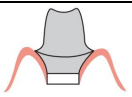
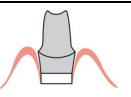
The following design preferences will be saved to your case preferences on our website. Using our proprietary software, we will check your Rx form against your default preferences listed below. In a situation where your Rx does not match your default preference, we will follow the Rx and disregard your default preference.

If you do not select a preference for a particular design category, we will use our standard design preferences indicated by *.

Material Preferences

Default Material – Crown & Bridge	<input type="checkbox"/> HT Layered Zirconia <input type="checkbox"/> Solid Zirconia (Posterior Only) <input type="checkbox"/> Porcelain to Zirconia <input type="checkbox"/> Emax <input type="checkbox"/> Non-Precious Nickel Free* <input type="checkbox"/> Semi-Precious 50% Pd (Noble) <input type="checkbox"/> White Gold 40 (High Noble) <input type="checkbox"/> Captek (HN)
Default Material - Implants	<input type="checkbox"/> Zirconia with Ti Base Abutment <input type="checkbox"/> Titanium Abutment <input type="checkbox"/> Semi-Precious Cast Abutment
Default Material - Removables	<input type="checkbox"/> Bite Block – Soft Wax <input type="checkbox"/> Bite Block – Hard wax <input type="checkbox"/> Stock Teeth <input type="checkbox"/> Premium Teeth – Portrait <input type="checkbox"/> Acrylic Finish (Lucitone) <input type="checkbox"/> Flexi Finish

Design Preferences

Preparation	<input type="checkbox"/> Knife Edge/Feather <input type="checkbox"/> Bevel <input type="checkbox"/> Chamfer <input type="checkbox"/> Long Chamfer <input type="checkbox"/> Shoulder <input type="checkbox"/> Shoulder Bevel <input type="checkbox"/> Chamfer Bevel
Die Spacer/Cement Gap	<input type="checkbox"/> Standard – 0.07mm* <input type="checkbox"/> Tight – 0.04mm <input type="checkbox"/> Loose – 0.14mm <input type="checkbox"/> No Spacer
Interproximal Contacts	<input type="checkbox"/> Normal* <input type="checkbox"/> Tight <input type="checkbox"/> Tight and Broad
If No Occlusal Space	<input type="checkbox"/> Contact Me* <input type="checkbox"/> Reduce Opposing <input type="checkbox"/> Metal Stop (PFM Only) <input type="checkbox"/> Full Metal Occlusal (PFM Only – extra fee) <input type="checkbox"/> Reduce Abutment and Provide Reduction Coping (extra fee^) <input type="checkbox"/> Reduce Abutment and DO NOT Provide Reduction Coping
Occlusal Contact	<input type="checkbox"/> Normal – 0.4mm Gap* <input type="checkbox"/> Light – 0.5mm Gap <input type="checkbox"/> Out of Occlusion – 0.7mm Gap <input type="checkbox"/> In Occlusion – No Gap
Occlusal Staining	<input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark
Removal Button	<input type="checkbox"/> No Removal Button <input type="checkbox"/> Add Removal Button
PFM Metal Design	   Lingual Hairline No Metal Showing Metal Lingual/Occlusal
Pontic Design (circle one)	     Modified Ridge Lap* Full Ridge Lap Ovate Bullet Sanitary
Implant Tissue Displacement	   Moderate Displacement (up to 1mm) Anatomical Displacement (>1mm) No Displacement

Name: _____ Signature: _____ Date: _____

Thank you for filling out this preference form. Please fax back to **1-866-316-9571** or mail back to the address above.