

Natura-Like DENTAL LABORATORY

2012 Plaza Drive
Bedford, TX 76021
(817) 267-2502

Doctor Preference Sheet

Doctor Name : _____
Address : _____
City / State : _____
Email : _____
Fax : _____

Crown & Bridge Dept.

Type of Contact

Broad Tight Loose

Contacts Done in Solid Models

Yes No

Margins

Shoulder Knife Edge

Occlusion

In Out Other

Pontic Design

Full Ridge Part Ridge No Ridge High Water Bullett

Tissue Relief for Pontic

Light Medium Heavy

Occlusal Anatomy

Primary Secondary Copy Adjacent Tooth

Facial Anterior

Yes No Copy

Type of Occlusion Porcelain Metal

A) Permission to relieve opposing Yes No

B) If No, O.K. to use metal occlusion Yes No

C) Permission to relieve prep Yes No

 If Yes, would you like a dura-lay, reduction coping Yes No

Die Spacer Yes No

Foil Opposing Yes No

Prefer Gingival Stain Yes No

Occlusal Stain Yes No

Removable Dept.

Dentures

Thick Thin Rugae Stippled Postdamed

Partials

Thick Thin Stippled Not over Extended

Reline

Thick Thin Leave Borders as is Not over Extended

Teeth

Premium Economy Will Request

Inadequate Tooth Reduction or Interocclusal Space

1. If the required space is less than 1mm, we will reduce the opposing and clearly mark the area of reduction on the model. We will also include a note in the case explaining our reduction of the opposing.
2. If the required space is greater than 1mm, or if there is porcelain opposing the preparation, we will call the doctor and ask for permission to provide a reduction coping, metal islands/occlusal, reduce the opposing or some combination thereof.

Agree: _____ Disagree: _____

Comments:

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Would you prefer us to call, fax, or e-mail about questions concerning a case? Call Fax E-mail address: