



2700 S. Memorial Parkway
Huntsville, AL 35801

Doctor Preference Form

Doctor Name: _____

Phone: _____ Email: _____

Address: _____ City _____ State _____ ZIP _____

Preferred form of communication: _____ Phone _____ Email _____

Please fully complete and return the preference sheet below.

This information will help our technicians fabricate your cases to your exact specifications.

Fixed Department Preferences

<p>Occlusion with a close bite:</p> <p><input type="checkbox"/> Call Doctor</p> <p><input type="checkbox"/> Trim Opposing</p> <p><input type="checkbox"/> Trim Prep w/ Reduction Coping</p> <p><input type="checkbox"/> Trim Prep w/out Reduction Coping</p> <p><input type="checkbox"/> Other explain: _____</p>	<p>Pontic Design:</p> <p><input type="checkbox"/> Modified Ridge(Buccal contact only, free lingual)</p> <p><input type="checkbox"/> Bullet shaped, off tissue .5mm</p> <p><input type="checkbox"/> Full ridge (Buccal and lingual contact to ridge)</p> <p><input type="checkbox"/> Other explain: _____</p>
<p>Prep with undercuts:</p> <p><input type="checkbox"/> Call Doctor</p> <p><input type="checkbox"/> Trim die and make in red</p> <p><input type="checkbox"/> Trim die and make in red</p> <p><input type="checkbox"/> Wide/Broad</p> <p><input type="checkbox"/> Light</p> <p><input type="checkbox"/> Other explain: _____</p>	<p>Occlusion:</p> <p><input type="checkbox"/> In occlusion</p> <p><input type="checkbox"/> Out of occlusion</p> <p><input type="checkbox"/> Other explain: _____</p>
<p>Implant Abutment Margin Depth:</p> <p>+ Above Tissue – Below Tissue</p> <p>_____mm Buccal _____mm Lingual</p> <p>_____mm Mesial _____mm Distal</p> <p>Other explain: _____</p>	<p>Implant Abutment Tissue Displacement:</p> <p><input type="checkbox"/> No Tissue Displacement</p> <p><input type="checkbox"/> Contour To Tissue</p> <p><input type="checkbox"/> Displace Tissue</p> <p><input type="checkbox"/> Fully Displace Tissue For Ideal Contour</p> <p><input type="checkbox"/> Other explain: _____</p>