ALPHA
DENTAL CERAMICS

Doctor Preference Sheet

Doctor Name _____ Doctor Cell Phone _____

Doctor Email _____

Preferred Method of Contact
Check all approved methods of contact
☐ Text ☐ Email ☐ Call

Alternate Contact for Technical/Clinical Questions

Name _____ Phone _____ Cell? Y / N

Preferred Method of Contact
Check all approved methods of contact
☐ Text ☐ Email ☐ Call

How do you like your proximal contacts?

☐ Very Light ☐ Light ☐ Tight ☐ Point ☐ Other _____

How do you like your occlusal contacts?

☐ IN ☐ Light ☐ Out

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

Undercuts
☐ Yes ☐ No
☐ Yes if less than _____mm

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

If inadequate occlusal clearance:

☐ Call Doctor ☐ Trim Opposing

☐ Reduction Coping ☐ Reduction Coping if less than _____mm

Type of Metal for PFM's

☐ Non-Precious ☐ Semi-Precious ☐ High Noble

Is it OK to use Metal Lingual on Anterior PFM's if space is limited?

☐ Yes ☐ No - Call me if space is limited

Is it OK to use Metal Occlusal on Posterior PFM's if space is limited?

☐ Yes ☐ No - Call me if space is limited

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

☐ Automatically change to make cement-retained ☐ Call Doctor before proceeding

Do you have an Intra-Oral Scanner?

☐ Yes ☐ No

(If Yes, what kind?)

☐ 3M True Definition ☐ 3Shape Trios ☐ Cadent iTero ☐ Sirona Cerec

☐ DDX/Carestream/E4D ☐ Other _____

If you have an IOS Scanner, do you want your single unit cases to have models?

☐ Yes ☐ No