

# Doctor Profile & Preferences

Business

Name \_\_\_\_\_

Doctor Name \_\_\_\_\_

Office

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office

Fax \_\_\_\_\_

## Special Instructions for Crown Bridge Cases

(This information will be placed in the computer and will appear on all work tickets for your cases, unless stated otherwise on the description.)

Die Trim: Dr. \_\_\_\_\_  Will Indicate on Prescription

Type of Margins:  Anterior  Posterior  Will Indicate on Prescription

Type of Alloy:

Ceramic  High Noble  Noble  Base

Full Cast  High Noble  Noble  Base

Pontic Design:  Ridgelap  Modified Ridgelap  Sanitary Bullet

Pontic Material in Gingival Contact:

Anterior  Porcelain  Metal

Posterior  Porcelain  Metal

Contacts:  Heavy  Normal  Light

Occlusions:  Tight  Normal  Light

Interproximal Contour:  Straight Emergence  Negative Emergence

## Characterization:

Posterior Anatomy:  Secondary  Primary Only  Will Indicate on Prescription

Occlusal Stain:  Secondary  Primary Only  Will Indicate on Prescription

Cervical Stain:  Secondary  Primary Only  Will Indicate on Prescription

Hypocalcification:  Secondary  Primary Only  Will Indicate on Prescription

Character:  Secondary  Primary Only  Will Indicate on Prescription

Shade:  Shade Tab  Natural Look

Additional

Comments: \_\_\_\_\_

# AVESTA