Dentist Preference Form

Please complete this form and return it by email or with your next case.

Date: _____ Doctors Name: _____

Practice Name: _____

Email: _____

Office Phone: _____ Mobile: _____ Fax: _____

Office Hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Open During Lunch? Yes ____ No ____

Office Contact for Billing or Account-Related Information _____

1. How do you prefer your proximal contacts?

Please Circle: Very Light Light Tight Point Other: _____

2. How do you prefer your occlusal contacts?

Please Circle: In Light Light to Out Out

3. Bite Registration:

- ☐ If the bite is tight, the lab will reduce opposing no more than .5MM and mark
- ☐ Models in red pencil where reduced
- ☐ Please call me case by case

4. What thickness do you use for contact paper: _____

5. What bite paper do you use to check contacts:

Interproximal _____ Occlusal _____

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