

Technical Preferences:

Dr. _____

Phone #: _____

Please circle your preferences

Occlusion:

Light Medium Heavy Out of Occlusion

Proximal Contacts:

Light Medium Heavy

Margin Design:

Metal Margin Metal Lingual Band No Metal Showing 180° Porcelain Shoulder 360° Porcelain Shoulder

Crown Surface Texture:

Smooth Moderate Heavy

Alloy Preference (PFM):

High Noble Yellow High Noble White Noble White Base

For Insufficient Occlusal Clearance:

Reduce The Opposing Reduce The Prep and Make Metal Occlusion Call to Discuss
And Mark Make Reduction Coping

Doctors Signature: _____ License #: _____ Date: _____

(Please include with case or fax to 210-735-2127)