

**Dr. Technical Preferences**

Dr. \_\_\_\_\_

Dr. Cell #: \_\_\_\_\_

(We keep your cell phone private. This is the best way to communicate if we have a question about your case.)

**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

**If Insufficient Occlusal Clearance:**

Reduce the Opposing and Mark in Red                  Reduce the Prep and Make Reduction Coping                  Make Metal Occlusion                  Call to Discuss

Doctors Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please include this with a case or email to [services@authenticlab.com](mailto:services@authenticlab.com) or fax to 210-735-2127)**

**Standard Procedures:**

**Below are a list of items we check at case entry:**

**Occlusal Clearance:**

- Insufficient Clearance
- Mark & Reduce Opposing
- Mark & Reduce Prep
- Make Reduction Coping

**Unclear Impression:**

- Patient Dentition Hitting Tray
- Distortion
- Incomplete Margin
- Incomplete Opposing

**Unclear Prep:**

- Insufficient Reduction
- Feathered Margins
- Undercuts
- Unparallel Issue
- Distorted

**Call for:**

- New Impression
- New Bite
- New Opposing
- Questions on Rx
- Shade
- Partial Missing
- Need More Time

**If we have any questions about a case we will call your office and explain the concern and verify who we spoke with and the date called before we proceed with the case.**