



Dr. Preferences

Full Contour Restorations

Office Information	
Date: _____	Office Days (M/T/W/Th/F)
Dr. Name: _____	Hours: _____
Address: _____	Office Contact
City/State/Zip: _____	Person: _____
Email: _____	Dr. Phone: _____

How did you hear about Apex Dental Milling?: _____

Choose Preferences from the Following Options:				
Surface Finish	<i>Stain and Glaze</i>	<i>Polish</i>	<i>Combination (details in notes)</i>	
Occlusal Stain	<i>None</i>	<i>Yellow</i>	<i>Ochre</i>	<i>Brown</i>
Occlusal Clearance	<i>In Occlusion (holds shim stock)</i>	<i>Out of Occlusion _____ mm</i>	<i>Light Occlusion</i>	<i>Heavy Occlusion (needs adjusting)</i>
Interproximal Contacts	<i>Normal</i>	<i>Light</i>	<i>Tight (requires adjustment)</i>	
Interproximal Contact Contour	<i>Point</i>	<i>Anatomical</i>	<i>Deep</i>	<i>Wide/Broad</i>
Occlusal Anatomy	<i>Minimal</i>	<i>Match Adjacent Teeth</i>	<i>Deep</i>	
<i>If Inadequate Clearance</i>	<i>Reduce Opposing</i>	<i>Please Call</i>	<i>Reduction Coping</i>	
Tissue Contact	<i>None</i>	<i>Light</i>	<i>Heavy</i>	
Pontic Shape	<i>Ovoid</i>	<i>Ridge Lap</i>	<i>Modified Ridge Lap</i>	<i>Hygienic</i>

Notes: _____

Please indicate any variances from these preferences as well as custom stain and glaze instructions on lab slip

