



Dental Tech Team

Client Preferences:

To ensure that we meet your expectations it is essential that we receive this information from you with your first case! *Thank you!*

1. Most often prescribed materials:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Emax | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Empress | <input type="checkbox"/> Splints |
| <input type="checkbox"/> Resin | <input type="checkbox"/> LTT |
| <input type="checkbox"/> PFM | <input type="checkbox"/> Custom Temps |
| <input type="checkbox"/> FCG | <input type="checkbox"/> Removable |
| <input type="checkbox"/> FCZ | |

2. Preferred occlusal contact with opposing teeth:

A) Positive Contact: _____

B) Foil Relief: _____

C) Out of Occlusion: _____

3. What kind of impression material do you use? _____

4. What kind of digital scanner do you use? _____

5. What kind of articulator system do you use? _____

6. Do you place implants? Yes No

7. What implant system do you most prescribe? _____

8. What kind of articulator do you use in office?

9. Any specific Continuing Education experience you would like us to be aware of?

Additional comments: _____

