

Infinia Dental Laboratory-Doctor Preference Form

The following questions will help us get to know your preferences to save time, improve quality & consistency, as well as, save a few unnecessary back-and-forth phone calls.

1. What is your preference for occlusion?
Occlusion in contact Occlusion out of contact and Light medium heavy

2. What is your preference for proximal contacts?
Light Normal/standard other _____

3. In the event we have inadequate clearance should we? (Please circle one)
 - A. Relieve the opposing
 - B. Relieve the preparation (reduction coping)
 - C. Wait for specific instructions from you

Implant Preference Options

Do you place implants? Yes or No If so, preferred system(s) _____

Would you prefer... Generic parts Genuine parts Up for discussion

If the Peri-implant tissue emergence profile is not proportional, would you like us to...

1. Make an overhang to artificially widen the shape of the tooth/teeth to match adjacent teeth.
(patients must be aware of proper hygiene precautions to avoid food trap/peri-implantitis).

2. Make an ideal (widen Peri-implant tissue) emergence profile disregarding the actual emergence profile size.*(scalpel or laser gingivectomy may be needed at the insert appointment OR patient may have to set appointment with periodontist for gingivectomy in the case you are uncomfortable with procedure)*

Do you prefer... Screw-retained Cement-retained Screwmentable ____1 pc or ____2 pcs

Doctor's name: _____ Phone: _____

Contact information

301-321-7129 email: infiniatechinfo@gmail.com

Case Pick-Up Request -General Invoice and Statement Inquiry - Case Status - General Technical Support