

Doctor's Name

Doctor's License Number

Date

Practice / Business Name

Practice Manager / Lead Assistant

Best Contact Email

Office Phone

Mobile Phone

Preferred Contact

Method: (check all that apply)

- ☐ Phone
- ☐ Fax
- ☐ Doctor Email
- ☐ Office Email
- ☐ Text (please provide cell phone #)

Metal PFM type:

- ☐ White HN (default)
- ☐ Semi-precious
- ☐ Non-precious
- ☐ Yellow HN

Occlusal contact:

Light (default)
 Open
 Tight

Insufficient room:

- ☐ Trim opposing (default)

PLEASE NOTE: If you give me a question, the lab will call to discuss

Call to discuss Metal
 occlusal Reduction
 coping Metal island
 Trim prep no coping

Interproximal contact:

Light & Broad (default)
 Medium
 Heavy

Margin design:



Show no metal
 360°* (default)



All porcelain
 shoulder 360°*

***MUST prep for this**



Metal collar
 360°



Facial porcelain
 shoulder
 180°



Lingual metal
 collar
 (traditional)



Metal or
 Zirconia
 occlusal



Metal or
 Zirconia
 lingual

Pontic Design:

- ☐ Full Ridge Lap
- ☐ Modified Ridge Lap
- ☐ Ovate
- ☐ Bullet
- ☐ Sanitary
- ☐ Others _____

Under Cuts In Prep:

- ☐ Call Doctor
- ☐ Trim Prep with Reduction Coping*
- ☐ Adjust Prep without Reduction Coping (Mark in Red)
- ☐ Others _____

Impression Issue:

- ☐ Call Doctor
- ☐ Go Ahead (No Guarantee)*

*No Guarantee... We suggest a framework try-in