

Preference Checklist

(Crown & Bridge)

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)
- ☐ Call to discuss
- ☐ Metal occlusal
- ☐ Reduction coping
- ☐ Metal island
- ☐ Trim prep no coping

PLEASE NOTE: If margins are in question, the lab will call to discuss

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