



PAN-AM

DENTAL LABORATORY

Doctor Preference Sheet

Doctor Name _____ Doctor Cell Phone _____

Doctor Email _____

Preferred Method of Contact

Check all approved methods of contact

Text Email Call

Alternate Contact for Technical/Clinical Questions

Name _____ Phone _____ Cell? Y / N

Preferred Method of Contact

Check all approved methods of contact

Text Email Call

How do you like your proximal contacts?

Very Light Light Tight Point Other _____

How do you like your occlusal contacts?

IN Light Out

Can the lab adjust the prep and send reduction coping for?

Undercuts

Yes No

Yes if less than ____mm

Bridge Path of Draw

Yes No

Yes if less than ____mm

If inadequate occlusal clearance:

Call Doctor Trim Opposing

Reduction Coping Reduction Coping if less than ____mm

Type of Metal for PFM's

Non-Precious Semi-Precious High Noble

Is it OK to use Metal Lingual on Anterior PFM's if space is limited?

Yes No - Call me if space is limited

Is it OK to use Metal Occlusal on Posterior PFM's if space is limited?

Yes No - Call me if space is limited

If a screw-retained restoration is not ideal due to implant angulation:

Automatically change to make cement-retained Call Doctor before proceeding

Do you have an Intra-Oral Scanner?

Yes No

(If Yes, what kind?)

3M True Definition 3Shape Trios Cadent iTero Sirona Cerec

DDX/Carestream/E4D Other _____

If you have an IOS Scanner, do you want your single unit cases to have models?

Yes No