



www.idmdental.com
 (704) 910-3525
 8918 Blakeney Professional Dr.
 Suite 110
 Charlotte, NC 28277

Doctor Preference Form

Doctor Name: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred form of communication: _____ Phone _____ Email _____

Please fully complete and return the preference sheet below.
 This information will help our technicians fabricate your cases to your exact specifications.

Fixed Department Preferences

<p>Occlusion with a close bite:</p> <p><input type="checkbox"/> Call Doctor</p> <p><input type="checkbox"/> Trim Opposing</p> <p><input type="checkbox"/> Trim Prep w/Reduction Coping</p> <p><input type="checkbox"/> Trim Prep w/out Reduction Coping</p> <p><input type="checkbox"/> Other; explain: _____</p>	<p>Pontic Design:</p> <p><input type="checkbox"/> Modified Ridge (Buccal contact only, free lingual)</p> <p><input type="checkbox"/> Bullet shaped, off tissue .5mm</p> <p><input type="checkbox"/> Full ridge (Buccal and lingual contact to ridge)</p> <p><input type="checkbox"/> Other; explain: _____</p>
<p>Prep with undercuts:</p> <p><input type="checkbox"/> Call Doctor</p> <p><input type="checkbox"/> Trim die and make in red</p> <p><input type="checkbox"/> Wide/Broad</p> <p><input type="checkbox"/> Light</p> <p><input type="checkbox"/> Other; explain: _____</p>	<p>Occlusion:</p> <p><input type="checkbox"/> In occlusion</p> <p><input type="checkbox"/> Out of occlusion</p> <p><input type="checkbox"/> Other; explain: _____</p>
<p>Implant Abutment Margin Depth:</p> <p>+ Above Tissue - Below Tissue</p> <p>_____mm Buccal _____mm Lingual</p> <p>_____mm Mesial _____mm Distal</p> <p>Other; explain: _____</p>	<p>Implant Abutment Tissue Displacement:</p> <p><input type="checkbox"/> No Tissue Displacement</p> <p><input type="checkbox"/> Contour To Tissue</p> <p><input type="checkbox"/> Displace Tissue</p> <p><input type="checkbox"/> Fully Displace Tissue For Ideal Contour</p> <p><input type="checkbox"/> Other; explain: _____</p>