

## CLIENT PREFERENCES

Doctor: .....

Email: .....

Business Address: .....

City: ..... State: ..... Zip: .....

Phone (Office): ..... Phone (Other): .....

- What is your preferred method of contact?
  - Email
  - Phone (office)
  - Phone (other)

Office contact:

Name: .....

Email: .....

Phone: .....

If you have specific preferences that apply to every case, please check the appropriate boxes below. If you would rather submit any criteria on a case-by-case basis, feel free to leave that question blank and proceed to the next question.

### 1. INTERPROXIMAL CONTACTS:

- Follow adjacent tooth form:  
papilla tip to 1mm short of marginal ridge
- Contour adjacent teeth to idealize new  
restoration form
- Broad
  - Buccal to lingual
  - Occl. to gingival
- Pinpoint

### AND:

- Heavy—scrape adjacent tooth  
(expect clinical adjustments)
- Light
- Normal

### 2. OCCLUSAL STAIN:

- Follow photography
- Light
- None
- Natural

### 3. LACK OF OCCLUSAL CLEARANCE/REDUCTION:

- Reduce and mark
- Reduction coping
- Call office (case by case)

### 4. PFM MARGIN DESIGN:

#### Anterior:

- Porcelain margin—facial only (180°)
- 360° porcelain margin
- Porcelain to metal junction  
(no metal collar or porcelain margin)
- Metal lingual collar
- 360° metal collar

#### Posterior:

- Porcelain margin—facial only (180°)
- 360° porcelain margin
- Porcelain to metal junction  
(no metal collar or porcelain margin)
- Metal lingual collar
- 360° metal collar

## 5. BRIDGE PONTIC DESIGN:

### Anterior:

- Ovate
- Modified ridge lap
- Ridge lap
- Smooth ridge only
- No ridge adjustments

### Posterior:

- Ovate
- Modified ridge lap
- Ridge lap
- Smooth ridge only
- No ridge adjustments

## 6. DIAGNOSTIC WAX-UPS:

### In addition to wax-up, please provide:

- Stone cast of wax-up
- Copyplast of wax-up
- Silicone matrix (can act as temporary matrix or a reduction guide)

## 7. ANTERIOR TOOTH FORM, EMBRASURES AND ARRANGEMENT:

- Follow photographs provided
- Follow pre-operative cast
- Follow "go by" cast
- Case specific
- No incisal characteristics (flat edge)
- Prefers incisal characteristics (irregularities)

## 8. TRANSLUCENCY CHOICE:

- Select on all posterior units
- Original on all posterior units
- Select on all anterior units
- Original on all anterior units
- Master on all anterior units

## 9. IMPLANT RESTORATIONS

### Implant Abutments:

- Always use corresponding components to same manufacturer as implant
- Stock abutments
  - Titanium
  - Zirconia
- Custom abutments
  - Titanium
  - Zirconia
- UCLA type:  Metal  Metal with ceramic

### Multiple Adjacent Implant Restorations:

- Always split units
- Never split units
- Case specific

**10. MATERIAL CHOICE—ANTERIOR CROWNS:**

- Leucite (Empress, Authentic)
- Lithium Disilicate (e.max)
- Zirconia framework with ceramic layering (PFZr)
- PFM

**11. MATERIAL CHOICE—POSTERIOR CROWNS:**

- Lithium Disilicate (e.max)
- All zirconia—full contour
- Zirconia framework with ceramic layering (PFZr)
- PFM
  - Metal occlusal
  - Porcelain occlusal
  - Case specific
- Gold

**12. ALLOY CHOICE:**

**PFM**

- High Noble (51.5% Au)
- Noble (2-3% Au)
- Noble (25% Pd)  
(3 unit maximum bridge)

**FULL GOLD**

- High Noble (74% Au)
- Mini Gold (40% Au)

**13. WHAT TYPE OF TECHNOLOGY /VISUAL AIDS ARE YOU CURRENTLY IMPLEMENTING IN YOUR OFFICE TO ASSIST IN TREATMENT PLANNING AND CASE ACCEPTANCE?**

**14. WHAT LEVEL OF TRANSLUCENCY TO PREFER ON YOUR ANTERIOR CASES? LIGHT, MODERATE, HEAVY**

**15. WHAT LEVEL OF SURFACE TEXTURE DO YOU PREFER ON YOUR ANTERIOR CASES? LIGHT, MODERATE, HEAVY**

