

DENTIST PROFILE FORM

In an effort to consistently produce to your individual preferences, please complete and return to us with your first case or via fax or email to CustomerExperienceDSG@dentalservices.net. This profile will be entered into our computer system and be available each time you send us a case. In the event that you need to deviate from this profile, simply indicate it on your prescription. Please feel free to use the space on the back of this form for any additional information to communicate to us. We look forward to working with you!

PLEASE CHECK SPECIALTY: GP, Prostho, Ortho, Oral Surgery, Perio. OFFICE DELIVERY HOURS: M, T, W, R, F. How do you prefer we reach you for technical questions & follow up? Office phone, Drs Cell Phone, Drs Email.

Form fields for Dentist Name, Practice Name, Group Name, License Number, Office Phone, Dr Cell Phone, Street Address, City, State, Zip, Office Contact (Name + Title), Email Address, Dr Email.

DEFAULT PREFERENCES | IF PREFERENCE IS DIFFERENT THAN DEFAULT SIMPLY CLICK DESIRED PREFERENCE

FIXED PROSTHODONTICS

FIXED PROSTHODONTICS options: MARGINS AND COLLARS (Lingual Metal Collar, Full Metal Collar, Metal Occusal, Full Porcelain Coverage, Full Coverage Lingual, 2/3 Coverage Lingual), PONTIC DESIGN (Sanitary, Full Ridge, Modified, Bullet, Ovate).

FIXED PROSTHODONTICS options: DIES TRIMMED BY (Doctor, Lab), DIE SPACER (None, Light, Medium, Heavy), POST & CORE (Post & Core as one unit, Post separate), OCCLUSION (Ideal, Slightly out, Tight), INSUFFICIENT CLEARANCE (Metal Occlusion, Reduction Coping, Spot/Adjust Opposing, Call For Instructions), CONTACT AREA (Broad, Normal, Point), SURFACE TEXTURE (Smooth, Medium, Heavy), CONTOUR (Match Patients Dentition, Make Ideal), STAINING (None, Normal deviation in color of anteriors, Pit and fissure, Exact duplication of shade tab, Characterization stain on anteriors).

NOTES section with horizontal lines for text entry.

REMOVABLE FULL DENTURE

REMOVABLE FULL DENTURE options: BASE PLATE (Processed, Light Cured, Vaccum Formed), LINGUAL RELIEF (Light, Normal, Heavy), POST DAM (Moustache, Butterfly, Bead, Other), PALATAL RELIEF (Yes, No, Ideal, Characterized, Per Study Model), FINISH (Stipple & Festoon, Smooth, Rugae, Relieve undercuts), BORDER EXTENSION (Full, As marked, Laboratory Discretion), TOOTH PREFERENCE (Dentsply: Portrait IPN, Bioform, Classic, Other).

REMOVABLE PARTIAL DENTURE

REMOVABLE PARTIAL DENTURE options: TRY IN (Metal, Bite on frame, Wax set up, Finish), RELIEF FOR LOWER LINGUAL BARS (Heavy, Light, Moderate), DESIGN (Follow Rx exactly, Modify design as required, Reduce opposing as required, Modify clasp type, not tooth, Call for all design modifications), FRAME CONNECTOR SIZE (Dainty, Standard, Heavy), FINISH MOST DESIRED (Lucitone 199 Acrylic, Flexible Acrylic), PREFERRED UPPER DESIGN (AP Bar / Circular / Double Bar, Horseshoe, Palatal Strap, Full Palate, All Metal with Backings & Veneers, Full Mesh Strengtheners, Full Metal Coverage, Acrylic Post Dam Area, Smooth Palate, Follow Rx), PREFERRED LOWER DESIGN (Lingual Bar, Full Lingual Plate/Apron, Lingual Bar and Kennedy Strap, Lingual Bar and Indirect Retainer, All Metal with Backings & Veneers, Strengtheners Bar, DE Hinge, Follow Rx), CLASP MOST DESIRED (Saddle Lock "Hidden Clasp", Esthetic Clasp, I Bar, Roach/T-Bar, Flexible, Clear, Back Action/Ring, Modified Roach, Flexible, Tooth Shade, Akers/Circumferential), CLASP RETENTION (Regular, Heavy), TOOTH PREFERENCE (Portrait IPN, Bioform, Classic).