

# Email to Peterson Dental Laboratory Accounting@petersondentallab.com

## Preference Sheet

Please complete this form and return it to us as soon as possible; this is an excellent tool for us to better serve and get to know you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Day & Hours of Operation:	
Doctor Email	Fax:
Dentist's B-day:	
Clinical Contact:	
Scheduling Contact:	Scheduling & Clinical Email:
Accounts Payable Contact:	

Note: WRITTEN INSTRUCTIONS on RX always override preferences

### Articulator Preference

\*All restorations by default are on disposable

- No Preference
- Disposable
- Metal
- Adjustable

### Adjacent Contacts

- Open (no resistance)
- Light (slightly resistant)
- Medium (firm resistance)
- Heavy (tears paper)

### Opposing Contact

- Open (visually open)
- Open (No resistance)
- Light (slightly resistant)
- Medium (firm resistance)

### Contact Contour

- Pin Point
- Natural
- Broad
- Wrap

### Die Spacer

- Tight (.30mm)
- Standard (.40mm)
- Loose (.50mm)

### Insufficient Clearance

- Trim Opposing
- Trim Die & fabricate reduction coping
- Metal Occlusion
- Call for Instructions

### Occlusal Stain

- No Stain
- Pit Stain
- Pit & Fissure Stain
- Pit, Fissure & Groves Stain

### Metal Design

- No Collar
- Lingual Collar
- Lingual Collar w Narrow buccal metal.
- Lingual Collar Full Metal

### Alloy Requirements

*Full Cast*

- White, Nobel
- 40% gold, HN
- 60% Gold, HN

*Ceramic*

- White, N
- White, HN

### General Comments

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## Help us get to know you! Please answer a few of the questions below...

### Communication

Who should we talk to regarding technical questions related to your case?

Check one:  Doctor  Assistant

What primary method of communication do you prefer?

Check one:  Email  DDX Notes (your customer portal)  Call Me

What is your primary preparation type?

Check one:  Bevel  Butt Joint  Champher  Feather Edge  
 Other \_\_\_\_\_

If there is an emergency with a case in the lab, can we call on your cell phone?

Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

### Expectations (Defaults are in Bold)

Our expectation is articulating paper will be held by the restoration when all other teeth are in occlusion. Is this acceptable?

Check one:  Light (slight resistance)  **Medium (firm resistance)**  Heavy (tears paper)  
 Open (No resistance)  Open (open visually)

Our expectation is snap floss proximal contacts. Is this acceptable?

Check one:  Light (slight resistance)  **Medium (firm resistance)**  Heavy (tears paper)  
 Open (No resistance)  Open (open visually)

Our Expectation is that our crowns will match the shade selected under natural 5500K lighting. Photos and color mapping provided by dentist will be utilized to achieve the correct patient shade.

Send photos:  DDX (Customer Portal)  Photos@PetersonDentalLab.com  USB  
 Printed on printer

### Additional Information

Do you currently mill crowns in your office?  Yes  No

If yes, what system? \_\_\_\_\_

Do you currently have a IOS system?  Yes  No

If yes, what system? \_\_\_\_\_

What specialist team do you frequently refer to?

Periodontist: \_\_\_\_\_

Oral Surgeon: \_\_\_\_\_

What implant brand do you prefer your specialist to place?

Nobel Biocare  Straumann  Zimmer-Biomet  
 Astra  Ankylos  Other \_\_\_\_\_

Would you like a representative to call you about a specific product? If so, what product? \_\_\_\_\_

Additional Information:

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