

Prosthesis Preference Form

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Email: care@dentailink.com

Dentailink

Precision Driven, Seamlessly Delivered

1. Dentist Information:

- Doctor's Name: _____

- Practice Name: _____

- Phone Number: _____

- Email Address: _____

2. Crown & Bridge Material:

Zirconia (default)

E-max

PFM

White High Noble

Semi-precious

Non-precious

Yellow High Noble

Full Metal

Other: _____

3. Occlusal Contact:

Light (default)

Tight

Open

4. Clearance Issues:

Trim opposing (default)

Call to discuss

Metal occlusal

Reduction coping

Metal island

Trim prep, no coping

5. Interproximal Contact:

Light (default)

Medium

Heavy

6. Margin Design:

360° Metal Collar (default)

360° All Porcelain Shoulder (*Must prep for this*)

Facial Porcelain Shoulder 180°

Lingual Metal Collar (traditional)

Metal or Zirconia Occlusal

Metal or Zirconia Lingual

7. Pontic Design:

Full Ridge Lap (default)

Modified Ridge Lap

Ovate

Bullet

Sanitary

Other: _____

8. Undercuts in Prep:

Call Doctor

Go ahead (No Guarantee) *

9. Impression Issues:

Call Doctor

Go ahead (No Guarantee) *

Framework try-in suggested

10. Special Instructions:

Call to discuss

Other: _____

11. Signature:

- Dentist Signature: _____

- Date: _____

In Case of Any Clarification please contact care@dentailink.com or 9933140999

