QDL
Quality Dental Lab

Dentist Preference Form

Please complete this form and return it by fax, email or with your next case.

Doctor Name: _____ Date: _____

Practice Name: _____

Email: _____

Office Phone: _____ Mobile: _____ Fax: _____

Office Hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Open During Lunch? Yes _____ No _____

1. How do you prefer your proximal contacts?
Please Circle: Very Light   Light   Tight   Point   Other: _____

2. How do you prefer your occlusal contacts?

Please Circle: In   Light   Light to Out   Out

3. What type of margins do you prefer?
Please Circle: Chamfer   Shoulder   Bevel   Feather Edge

4. Do you want a lingual collar on your PFM Restorations?
Please Circle: Yes   No   I do not prescribe PFM Crowns

5. Alloy Preference:
Please Circle: High Noble Yellow   High Noble White   Noble Yellow   Noble White   Base
Other: _____

6. Bite Registration:
☐ If the bite is tight, the lab will reduce   ☐ Models in red pencil where reduced
   opposing no more than .5MM and mark   ☐ Please call me case by case

7. Single-Unit IOS Scanned Cases:
Please Circle: Modeless   Models

8. Removable Preferences:
Type: Standard: _____ Premium: _____ Will Indicate Each Case _____

9. Implant Preferences

Screw Retained
☐ TI Base
☐ Angled Screw Channel

Screw Access
☐ Lab to Cement
☐ Doctor to Cement

Cement-Retained Abutment
☐ Zirconia - Shade: _____
☐ Gold Hue
☐ Abutment Seating Jig

Implant System
☐ Prefer OEM
☐ Nobel Biocare
☐ Zimmer
☐ Zimmer Encode
☐ BioHorizons
☐ Straumann
☐ Biomet 3i
☐ Bioment Encode
☐ Astra Tech
☐ Hiossen