

Account General Information & Preferences

Thank you for choosing to work with Vitality Dental Arts. We have learned that all doctors have varying degrees of preferences when it comes to how their restorations are fabricated. Learning these preferences allows us to deliver consistent and predictable results. Please take a minute to fill out the information below. Thank you!

Doctor Name:

Address:				
Phone #:	E-Mai	il:		
How did you hear about u		_		
Office Hours: MON	TUE	WED	THU	FRI
Preferences: These guideli indicated on the prescription calling in or requesting a ne	n form. You can char	•		
Contacts: (our default is brood o Default o Broad o Point		•	ts on a solid model)
Occlusal Contact: (our defo		· · · · · · · · · · · · · · · · · · ·	::	
Tight Rites: (many doctors a	llow us to make minor	· adjustments who	en needed – choose v	vour preference

Tight Bites: (many doctors allow us to make minor adjustments when needed – choose your preference.) o Ok to adjust and mark opposing if less than 0.5mm clearance o Ok to adjust and mark the prep if less than 0.5mm clearance o Make a reduction coping o Send back for a new impression o Always call

Undercut or Unparallel Preps: (many doctors allow us to make minor adjustments when needed – choose your preference.)

o Ok to adjust and mark prep(s) to allow the restoration to draw o Send back for a new impression o Always call

Preferred PFM Collar Design: o Standard 1mm lingual o Micro 0.5mm lingual collar o No collar o Other:
Preferred PFM Metal Type: o Non-precious o Semi- Precious o High Noble
Occlusal Staining: o None o Light o Medium o Dark
Are there any other preferences that you would like to bring to our attention: