DOCTOR PREFERENCES

edmonds DENTAL PROSTHETICS
www.edmondsdentalprosthetics.com
2065 W. Woodland
Springfield, MO 65807
1.800.462.3569
FAX: 417.881.0484

Doctor: _____
Birthday: ___/___/___
Practice Name: _____
Practice Open Date: ___/___/___
Address: _____
City: _____ State: ____ Zip: _____
County: _____ In City Limits ☐ Yes ☐ No
Email: _____

PLEASE BE AS COMPLETE AS POSSIBLE AND RETURN PROFILE WITH YOUR FIRST CASE

How do you prefer to be contacted?

Phone Call: ☐ Office Line ☐ Mobile
Preferred #: _____
Text: ☐ Yes ☐ No
Preferred #: _____
Fax: ☐ Yes ☐ No
Preferred #: _____
Email: ☐ Yes ☐ No

Send me alerts when a case has been:

Received: ☐ Yes ☐ No
Shipped: ☐ Yes ☐ No
Placed on hold: ☐ Yes ☐ No

Connect with us! Follow us @edmondsdentalprosthetics for important updates and let us know where to find you on social media:

☐ Facebook: _____
☐ Instagram: _____
☐ LinkedIn: _____

How do you prefer to receive important updates?

Text: ☐ Yes ☐ No Preferred #: _____
Email: ☐ Yes ☐ No

I would like to learn more about:

New Lab Products and Services: ☐ Yes ☐ No
Supply Company Products: ☐ Yes ☐ No

CROWN & BRIDGE

		DEFAULT:	ALTERNATE OPTION:
ALLOY CHOICE	**Porcelain**	☐ Base	☐ High Noble White ☐ High Noble Yellow
	Full Cast	☐ Base	☐ High Noble Gold ☐ Noble Gold
ZIRCONIA CHOICE	**Anterior** **Posterior**	N/A	☐ E-Zr™ Natural Anterior (Microlayered) ☐ E-Zr™ Total Posterior (Microlayered)
SOLID MODEL		☐ Yes	☐ No
RIDGE RELIEF		☐ Slight	☐ None ☐ Medium ☐ Heavy
DIE SPACER		☐ Standard Two Layers	☐ None ☐ # of Coats ____
ROOM ISSUE		☐ Call For Instructions	☐ Do Not Relieve, Return for Re-Prep ☐ Relieve Opposing ☐ Relieve Die
OCCLUSION		☐ Slightly Out of Occlusion (shimstock pulls through)	☐ Classic Occlusion (holds shimstock) ☐ Out of Occlusion (two layers of foil) ☐ Out of Occlusion (one layer of foil)
OCCLUSAL STAINING		☐ Light	☐ None ☐ Medium ☐ Heavy
CERVICAL STAINING		☐ No	☐ Yes
PROXIMAL CONTACT		☐ Natural	☐ Broad ☐ Heavy
PONTIC DESIGN		☐ Modified Ridge-Lap	☐ Full Ridge-Lap ☐ Hygienic ☐ Ovate

IMPLANTS

Please call Implant Department to set up preferences.

DIGITAL SCANS

Please call Digital Scans Department to set up preferences.

PLEASE SPECIFY ADDITIONAL PREFERENCES ON YOUR LAB PRESCRIPTION FORM

PARTIALS & DENTURES

	DEFAULT:	ALTERNATE OPTION:
PARTIAL / DENTURE	☐ Premium	☐ Essential
NAME IN DENTURE	☐ Yes	☐ No (**MISSOURI DENTISTS ARE REQUIRED BY LAW TO INCLUDE NAME**)

ORTHODONTICS

SPLINTS	**KeySplint®** (3D Printed)	☐ Flat Plane ☐ No Cuspid Rise ☐ No Anterior Guidance	☐ Centric Contact ☐ Cuspid Rise ☐ Anterior Guidance
	Hard Standard	☐ Flat Plane ☐ No Cuspid Rise ☐ No Anterior Guidance	☐ Centric Contact ☐ Cuspid Rise ☐ Anterior Guidance
	Hard/Soft (Semi Ridgid Liner)	☐ Flat Plane ☐ No Cuspid Rise ☐ No Anterior Guidance	☐ Centric Contact ☐ Cuspid Rise ☐ Anterior Guidance
BITE OPENER / DEPROGRAMMER		☐ Astron (thermoplastic) ☐ Canine to Canine Contact ☐ Contact 2 Centrals Only	☐ Hard Acrylic ☐ Lateral to Lateral ☐ Full Arch ☐ 1st Bicuspid to 1st Bicuspid ☐ Other _____
LINGUAL WIRE		☐ Bonding Pads	☐ Without Bonding Pads
HAWLEY RETAINER		☐ Bow w/ Ball Clasps ☐ Tissue Color ☐ Full Palate	☐ Adams Clasps ☐ C Clasps ☐ Color As Requested ☐ Horseshoe Palate
VACUFORM RETAINERS (clear)		☐ 1mm ☐ Scalloped Borders	☐ Other Size: _____ ☐ Straight

NOTES:

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