

Please fill out this document and email back to Karen@CalDentalArts.com. or fax to 925.830.4225.

Office Information

Doctor: _____
Practice: _____
Address: _____
City, State, ZIP: _____
Doctor Email: _____

Main Phone #: _____
Fax #: _____
Back-line #: _____
Dr. Cell #: _____
Other # : _____

Office Hours

M: ____ - ____ T: ____ - ____ W: ____ - ____ TH: ____ - ____ F: ____ - ____ S: ____ - ____
If office is closed, drop off at: _____

How do you prefer to be contacted?

☐ Office phone ☐ Cell ☐ Text
☐ Email ☐ Other: _____

I would like my statements emailed to me:

☐ No ☐ Yes (email) _____

Office Contacts for:

Billing Questions: _____
Scheduling Questions: _____
Office Manager: _____
Doctor's Assistant: _____

Method of Payment

☐ COD ☐ End of month ☐ Credit Card ending in _____

Additional Team Members

Position/Title

→ _____
→ _____
→ _____
→ _____
→ _____

Crown and Bridge Preferences

Porcelain Alloy Preference <input type="checkbox"/> Premium HN-Yellow 90% Au <input type="checkbox"/> Select HN-White 52% Au <input type="checkbox"/> Regular HN-White 40% Au <input type="checkbox"/> Silver Palladium	Full Cast Alloy Preference <input type="checkbox"/> Premium 75% Au <input type="checkbox"/> Select 60% Au <input type="checkbox"/> Regular 46% Au <input type="checkbox"/> Y+ Gold Crown 2% Au	Special requests or Instructions
Occlusal Staining <input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> Heavy	Would you like a preferred Ceramist <input type="checkbox"/> Yes (call for pricing) <input type="checkbox"/> No	
Ridge Relief <input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> Slight <input type="checkbox"/> Heavy	Pontic to Tissue Design <input type="checkbox"/> Ridge Lap <input type="checkbox"/> Point Contact <input type="checkbox"/> Modified Ridge Lap <input type="checkbox"/> High Water (Sanitary) <input type="checkbox"/> No Ridge <input type="checkbox"/> Ovate	
How do you like your interproximal contacts? <input type="checkbox"/> Light <input type="checkbox"/> Pinpoint <input type="checkbox"/> Medium <input type="checkbox"/> Normal <input type="checkbox"/> Heavy <input type="checkbox"/> Broad	Occlusion <input type="checkbox"/> Classic occlusion (holds shimstock) <input type="checkbox"/> Slightly out of occlusion (shimstock pulls through) <input type="checkbox"/> Out of occlusion (1 layer of foil) <input type="checkbox"/> Out of occlusion (2 layers of foil)	
If occlusal clearance is a problem <input type="checkbox"/> Call Doctor <input type="checkbox"/> Reduce prep <input type="checkbox"/> Send Reduction Coping <input type="checkbox"/> Relieve opposing <input type="checkbox"/> Metal occlusal		
Can we make this a permanent note for your future? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Implant Preferences

Abutment Margin Depth (If not specified, then Default values will be used)

- ☐ Mesial _____ (default = 0.5mm)
- ☐ Distal _____ (default = 0.5mm)
- ☐ Lingual _____ (default = 0.5mm)
- ☐ Buccal/Facial _____ (default = 1.5mm)

Occlusal Table

- ☐ Normal width
- ☐ Narrow (¾ width)

My Occlusal Contacts preference for Ankylos restorations is...

- ☐ **Extra light** - 0.5 mm sub-occlusal on the model with no centric contacts, and no lateral contacts on the model. I prefer no adjustments in the mouth.
- ☐ **Light** - 0.3 sub-occlusal on the model with no centric contacts, and no lateral contacts on the model. I prefer no adjustments in the mouth.
- ☐ **Medium** - 0.1 mm sub-occlusal on the model with minimal centric contacts, and no lateral contacts on the model. I prefer minimal adjustments in the mouth.

Abutment - Transfer index

A red acrylic abutment splint for transferring abutments accurately from the model to the mouth usually provided by the lab for multiple unit cases.

- ☐ Make a Transfer Index for multiple unit cases ONLY.
- ☐ ALWAYS make a Transfer Index for both single and multiple unit cases.
- ☐ NEVER make a Transfer Index.

If there is insufficient occlusal clearance, then..

- ☐ Make metal occlusal
- ☐ Make reduction coping metal
- ☐ Make reduction coping white plastic
- ☐ Adjust opposing
- ☐ Call me and let me know what you are doing
- ☐ Call me but don't proceed until we talk

Abutments

- ☐ Implant Complete
- ☐ Stock
- ☐ UCLA abutment
- ☐ Zirconia (if available)
- ☐ Implant Manufacturer Custom CAD
- ☐ Zirconia w/ Ti base
- ☐ CAD/CAM gold hue

Mini Implant Gingival Design

- ☐ No ridge lap
- ☐ Buccal ridge lap
- ☐ Lingual ridge lap
- ☐ 360° ridge lap

Gingival Contours

- ☐ No Blanching (Tissue returning to normal within 5 minutes)
- ☐ Natural Emergence Profile (Doctor will sculpt tissues or use releasing incision. Default)
- ☐ Blanching

Pontic to Tissue Design

- ☐ Ridge Lap ☐ Point Contact
- ☐ Modified Ridge Lap ☐ High Water (Sanitary)
- ☐ No Ridge ☐ Ovate

Special requests or Instructions