



## Dr Preferences - Fixed

Information: Dr: _____
Date: _____
Office: _____
Cell: _____ (only to be used if unavailable at office)

Anatomy	<input type="checkbox"/> primary only <input type="checkbox"/> primary & second <input type="checkbox"/> occlusal stain <input type="checkbox"/> no occlusal stain
Occlusion	<input type="checkbox"/> light - hold shimstock <input type="checkbox"/> medium - hold butterfly <input type="checkbox"/> out of occlusion
Occlusal Stain	<input type="checkbox"/> none <input type="checkbox"/> light <input type="checkbox"/> heavy
Reduction (Space Issues)	<input type="checkbox"/> reduce prep mark in red <input type="checkbox"/> reduce prep reduction coping <input type="checkbox"/> reduce opposing mark in red <input type="checkbox"/> call Dr each case
Contacts	<input type="checkbox"/> pin point (drag shimstock) <input type="checkbox"/> broad (snap shimstock)
Metal Preference PFM's	<input type="checkbox"/> high noble <input type="checkbox"/> noble
Full Gold	<input type="checkbox"/> high noble <input type="checkbox"/> noble
Comments	_____ _____ _____



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