

**Exquisite Dental Studios, Inc. ♦ Toll Free (877) 447-7220**

**NEW DOCTOR CASE INFORMATION SHEET**

(Please fill out this form and return with your first case to help us serve you better)

**Dr's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, and Zip Code** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Occlusal Contacts:**

Slightly out of occlusion      Light contact      Medium contact      Heavy contact

**Adjacent Contacts:**

Very light      Light      Medium      Heavy

**Occlusal Stain:**

**On all cases**

**Only if specified**

None      Slight      Medium      Dark

**Anatomy:**

Follow opposing/adjacent teeth      Ideal anatomy whenever possible

**Metal margins on all posteriors:**      Yes      No      I will specify

I prefer my metal margins:      hairline      0.5 mm      1.0 mm      Other \_\_\_\_\_

**Type of metal for Porcelain Fused to metal if not specified on lab slip:**

Non-precious      Noble      High Noble (white)      High Noble (Yellow)

**Type of metal for Full gold crowns if not specified on lab slip:**

Noble (White)      Noble (Yellow)      High Noble (White)

High Noble (Yellow)      Other \_\_\_\_\_

**Please indicate below your pontic design preference (if not specified on Rx)**

**Full Ridge      Partial Ridge      No Ridge      Point Contact      No Contact**

**The impression material I am using is:**

\_\_\_\_\_ Polyether      \_\_\_\_\_ % of the time      \_\_\_\_\_ Manufacturer

\_\_\_\_\_ Polyvinyl      \_\_\_\_\_ % of the time      \_\_\_\_\_ Manufacturer

\_\_\_\_\_ Other      \_\_\_\_\_ % of the time      \_\_\_\_\_ Manufacturer