

DOCTOR PREFERENCES

*Items in **BOLD CAPS** are Ottawa Dental Laboratory standards.



OTTAWA DENTAL
LABORATORY

Contact Information

Doctor: _____
Contact Person: _____
Address: _____
City: _____
State: _____
Telephone: _____
Fax: _____
Email: _____
State License No: _____

Additional Office (if applicable)

Contact Person: _____
Address: _____
Telephone: _____
Fax: _____

Whom Should We Contact For:

Re-impressions or Bites: _____
Accounts Payable: _____
Shades: _____
Due Dates/Patient Scheduling: _____

FIXED

Crown & Bridge / Ceramics

Models:

- A.) Die Spacer - None / 1 Coat / 2 Coats / 3 Coats / 4 Coats B.) **LAB** Trims Dies / **DOCTOR** Trims Dies
C.) If margins are unclear: **CALL** / Return to **DOCTOR**

Alloy Type:

WILL INDICATE ON PRESCRIPTION (or)

White High Noble / Yellow High Noble / Semi-precious / Non-precious / Titanium

Occlusion:

- A.) Number of Spacer Layers - None / 1 / 2 / 3
B.) Close Bites: **MAKE NO ADJUSTMENTS WITHOUT CALLING**
 Okay to trim/adjust opposing for clearance / Metal Occlusal Surface / Reduce & Mark Prep / Metal Island Where Close
C.) Slightly Out of Occlusion - Yes / No Comments:

Margins:

- A.) No Exposed Metal B.) **EXPOSED METAL COLLAR ON LINGUAL (1mm)** C.) 360° Metal Band (5.mm)
D.) Porcelain Butt Margin - 180° / 360° (when applicable)

Posterior Occlusal Anatomy:

Match Pt's Natural Dentition / **MAKE IDEAL**

Pontic Design:

MOD. RIDGE LAP



Point Contact



Sanitary Contact



Shading:

- A.) Posterior Occlusal Stain - None / **LIGHT** / Medium / Heavy

Characterization:

- B.) Characterizing Stain On Anteriors - **YES** / Only On Request

Implants

???

SR / CR/Custom Abutment / Screwmentable

Please send information to customerservice@ottawadentallab.com

1304 Starfire Drive, Ottawa, IL 61350 T: 800-851-8239 F: 815-434-0760 WWW.OTTAWADENTALLAB.COM

REMOVABLE

Full Dentures

Trays/Bite Blocks:

A.) Custom Trays - Perforated / **NON-PERFORATED** B.) **ACRYLIC BASE** / Shellac Base

Teeth:

A.) Type of Teeth - Porcelain / Bioblend / Bioform / **Pala® Mondial Kulzer**

B.) Degree of Cusp - 0° / 5° / 10° / 20° / 33°

Denture Base:

IVO CAP

Preference: Ethnic Light / Ethnic Medium / Ethnic Dark
Hypoallergenic

Post Dam:

BUTTERFLY / Beading Line Only

Finish:

Rugae Palate / **SMOOTH PALATE** / **STIPPLE** / Name Identification (YES / No) / **MILL OCCLUSION**

Partial Dentures

Design:

TELEPHONE ALL DESIGN MODIFICATIONS / **FOLLOW EXACT RX** / Modify Design Required / Reduce Opposing Teeth As Required

Connector Preferences:

A.) Upper - **HORSESHOE** / Palatal Bar (Narrow / Wide) / Circular / Other:

B.) **LINGUAL BAR, mand.** / Apron/Lingual Plate / Kennedy Plate

Clasp Preferences:

Will Indicate on Rx / **AKERS** / **BACK ACTION** / **ROACH** / Equipoise / RPI / Will Use Lab Recommendation

Clasp Retention:

Light / **MEDIUM** / Heavy

Lingual Relief:

None / **LIGHT** / Medium / Heavy

Try-In:

Frame Only / **WITH BITE BLOCK** / With Teeth

Night Guards

Vacuformed:

Comfort H/S / Comfort Hard / Comfort Soft

Processed:

Custom H/S / Custom Semi-Rigid / Custom Hard

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