

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:
D.) Reduction Coping - Yes No

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

Cement Retained Screw Retained
Custom Abutment Ti Base

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:

Custom Trays - Perforated **NON-PERFORATED**

Teeth:

Type of Teeth - **Pala® Mondial Kulzer Teeth** Premium Teeth Classic Economy Teeth

Color/Make of Nylon to be Placed:

Default - **Pink**

Overdentures:

Cast Substructures Lab Process Attach Doctor Does Chairside Pick-Up

Post Dam:

BUTTERFLY Beading Line Only

Finish:

STIPPLE All Smooth

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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