DENTURES

1. TYPE OF CUSTOM TRAY

_____ With Holes _____Without Holes

2. TYPE OF BASEPLATE

_____ Shellac

_____ VacuumFormed

Post Dam Requested At This Stage:
Yes_____ No_____

3. SET UP PROCEDURE

_____ Midline As Marked

_____ Follow Papilla

_____ Follow Opposing Midline

_____ Special Instructions_____

4. PROCEDURE FOR IMMEDIATE

_____ Normal Trim

_____ No Trim Of Cast

_____ Socket

_____ Surgical Tray

5. TYPE OF TEETH

_____ Standard

_____ Economy

_____ Other

6. POST DAM STYLE DESIRED

_____ Butterfly _____ As Outlined

7. PALATAL RELIEF DESIRED

_____ Yes _____ No _____ As Outlined

8. TYPE OF FINISH

_____ Festooned

_____ Rugae

_____ Stippled

_____ Smooth

9. TYPE OF PERIPHERAL ROLL

_____ Thin

_____ Full

_____ Medium

_____ As Instructed

10. TYPE OF MOUTHGUARD

_____ Soft-Athletic - Colored

_____ Soft-Athletic - Clear

_____ Other_____

11. TYPE OF HARD ACRYLIC SPLINT

_____ Thermo-Guard

_____ Hard Clear

_____ NTI

ADDITIONAL COMMENTS

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PARTIALS

1. PROCEDURE FOR DESIGNING PARTIALS

_____ I Will Design

_____ Lab Designed

2. THICKNESS OF CLASPS DESIRED

_____ Thin

_____ Medium

_____ Heavy

3. TISSUE RELIEF REQUESTED

_____ Slight

_____ Medium

_____ Heavy

4. ADJUSTMENT OF OPPOSING

_____ Call Doctor

_____ Adjust Opposing

5. MAJOR CONNECTOR UPPER

☐ Palatal Strap

☐ Horseshoe

☐ Closed Horseshoe, Open Palate, Anterior-Posterior Strap, Or Circular Bar

5. MAJOR CONNECTOR LOWER

☐ Lingual Bar

☐ Kennedy Bar

☐ Lingual Plate

ADDITIONAL INSTRUCTIONS

_____

_____

_____

_____

INDIVIDUAL TECHNICAL PREFERENCES

DR. _____

ADDRESS _____

PHONE _____

Please enclose this preference sheet with your next case.
We thank you for the opportunity to work with your practice.

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