

DOCTOR NAME: _____

ACCOUNT #: _____

The following design preferences will be saved to your case preferences on our website. Using our proprietary software, we will check your Rx form against your default preferences listed below. In a situation where your Rx does not match your default preference, we will follow the Rx and disregard your default preference.

*If you do not select a preference for a particular design category, we will use our standard design preferences indicated by *.*

MATERIAL OPTIONS

DEFAULT ALLOY FOR PFM

- Non-Precious Nickel Free* Semi-Precious (*Noble*) Precious (*High Noble*)

DEFAULT ALLOY FOR FULL CAST (All Metal)

- Semi-Precious (*Noble*)* Non-Precious Nickel Free Precious (*High Noble*)

DESIGN PREFERENCES

PREPARATION

- Knife Edge Bevel Chamfer Long Chamfer Shoulder Shoulder Bevel Chamfer Bevel

DIE SPACER

- 2 Coats (*0.2mm*) – Normal* 1 Coat (*0.1mm*) – Snug
 3 Coats (*0.3mm*) – Loose No Spacer – Very Tight

INTERPROXIMAL CONTACTS

- Normal* Tight
 Tight and Broad Open

IF NO OCCLUSAL SPACE

- Contact Me* Reduce Opposing Metal Stop (*PFM Only*) Full Metal Occlusal (*PFM Only – Extra fee^*)
 Reduce Abutment and Provide Reduction Coping (*Extra fee^*) Reduce Abutment and DO NOT Provide Reduction Coping

OCCLUSAL CONTACT

- Normal* Light Out of Occlusion

OCCLUSAL STAINING

- None* Light Medium Dark

PORCELAIN MARGINS

- Porcelain to Metal Junction*
 Porcelain Labial Butt (*Extra fee^*)
 Porcelain 360° Butt (*Extra fee^*)





REMOVAL BUTTON

- No Removal Button*
 Add Removal Button





ADDITIONAL METAL ALLOY

- Always Contact Me* Always Approved
 Approved up to \$20.00 Approved up to \$50.00






PFM METAL DESIGN FOR ANTERIOR (check one)

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Lingual Hairline*	No Metal Showing	Metal Lingual	Metal Lingual w/ Buccal Hairline

PFM METAL DESIGN FOR POSTERIOR (check one)

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Lingual Hairline*	No Metal Showing	¾ Metal Occlusal	Full Metal Occlusal

PONTIC DESIGN (check one)

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Modified Ridge Lap*	Full Ridge Lap	Ovate	Bullet	Sanitary

^ To determine the extra fee associated with a design option that states "extra fee" please consult our fee schedule.

NAME: _____ SIGNATURE: _____ DATE: _____

Thank you for filling out this form. Please return to Emerald Dental Lab by including with your case or mailing to the address above.