



Doctor's Case Preferences & Special Requirements

Partial and Full Services

To better service you and the patients in your care, please indicate your preferences below and return to us. We encourage you to make a copy for your records.

Doctor/Practice Name: _____

Date: _____

What type of maxillary major connector do you prefer?

- Lab Design
- Dr Design
- Other _____

What type of mandibular major connector do you prefer?

- Lab Design
- Dr Design
- Other _____

What type of clasp do you prefer?

- RPI T-Bar or modified T-Bar Akers As per survey Teeth colored clasp
- Valplast

What type of teeth do you prefer?

- Portrait (Premium) Anterior Posterior
- Classic (Economy) Anterior Posterior

Denture Set-up

- Ideal set-up
- Male/Female set-up
- Characterized set-up

I would prefer:

- Stippling
- Rugae
- No stippling
- No rugae

Postdam design

- Butterfly
- Functional
- Dr Design _____

Night Guard Type

- Bruxguard
- Eclipse
- Hard
- Athletic Vacu Form

Continued.....
