





AC Dental Esthetic Institute



YOUR PARTNER FOR A BEAUTIFUL SMILE














Doctor Fixed Preference Guide

Please take a moment to document your preferences. Upon receipt of this guide your preferences will be entered into our computer system. Each time we receive a case from you a work ticket will be generated that contains all of your preferences. When our technicians receive your case they will be aware of your preferences and have a point of reference as the strive to create work that satisfies you and your patients expectations.

- | | | | |
|-------------------|--|---|--------------------------------------|
| 1. Articulator: | <input type="checkbox"/> Vertex | <input type="checkbox"/> Metal | <input type="checkbox"/> Semi Adjust |
| 2. Die Trim: | <input type="checkbox"/> Lab Trim | <input type="checkbox"/> Dr. Trim | <input type="checkbox"/> Bulk Only |
| 3. Die Spacer: | <input type="checkbox"/> 1 Coat | <input type="checkbox"/> 2 Coats | <input type="checkbox"/> 3 Coats |
| 4. Pontic Size: | <input type="checkbox"/> 2/3 Natural | <input type="checkbox"/> Natural | <input type="checkbox"/> Other _____ |
| 5. Pontic Design: | <input type="checkbox"/> Full Ridge | <input type="checkbox"/> Modified Ridge | <input type="checkbox"/> No Contact |
| | <input type="checkbox"/> Point Contact | | |
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6. PFM Design Chart

Please
Circle
Requested
Design

						
Full Porcelain, no metal showing	Lingual collar only	Lingual collar w/narrow facial	Narrow collar all around	Full metal lingual	Full metal lingual with narrow facial collar	
						
Full porcelain, no metal showing	Lingual collar only	Lingual collar with narrow buccal collar	Lingual cusps metal	Lingual cusps metal with narrow buccal collar	Buccal hooded porcelain veneer	Buccal hooded porcelain veneer with narrow buccal

- | | | | | |
|---------------------------|--|---|---------------------------------------|--|
| 7. Interproximal Contact: | <input type="checkbox"/> Normal | <input type="checkbox"/> Heavy Broad | | |
| 8. Fit to Solid Model: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 9. Occlusal Anatomy: | <input type="checkbox"/> Primary/Secondary | <input type="checkbox"/> Primary Only | <input type="checkbox"/> Natural | |
| 10. Occlusal Stain: | <input type="checkbox"/> Light | <input type="checkbox"/> Heavy | <input type="checkbox"/> None | |
| 11. Occlusal Contact: | <input type="checkbox"/> Positive | <input type="checkbox"/> Out 1 Layer | <input type="checkbox"/> Out 2 Layers | |
| 12. Occlusal Adjustment: | <input type="checkbox"/> Call Doctor | <input type="checkbox"/> Metal Occlusal | <input type="checkbox"/> Metal Island | <input type="checkbox"/> Adjust Opposing |
| 13. Porcelain Alloy: | <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Noble | <input type="checkbox"/> High Noble | <input type="checkbox"/> Yellow <input type="checkbox"/> White |
| 14. Full Cast Alloy: | <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Noble | <input type="checkbox"/> High Noble | <input type="checkbox"/> Yellow <input type="checkbox"/> White |
| 15. Porcelain Margins: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | |
| 16. Removable Buttons: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | |

Doctor:	
Address:	
Telephone:	Email:

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Dentures Preference Guide

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|------------------------------|--|---|---|--|
| 1. Custom Trays: | <input type="checkbox"/> Acrylic | <input type="checkbox"/> With Holes | <input type="checkbox"/> No Holes | |
| 2. Base Plates: | <input type="checkbox"/> Acrylic | <input type="checkbox"/> Post Dam | <input type="checkbox"/> Shellac | |
| 3. Set Up: | <input type="checkbox"/> Midline As Marked | <input type="checkbox"/> Follow Papilla | <input type="checkbox"/> Opposing Midline | |
| 4. Immediate Denture: | <input type="checkbox"/> Normal Trim | <input type="checkbox"/> No Trim | <input type="checkbox"/> Socket | <input type="checkbox"/> Surgical Tray |
| 5. Anterior Teeth: | <input type="checkbox"/> Plastic | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Economy | <input type="checkbox"/> Other_____ |
| 6. Posterior Teeth: | <input type="checkbox"/> Plastic | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Economy | <input type="checkbox"/> Other_____ |
| Cusp Degree: | <input type="checkbox"/> 0% | <input type="checkbox"/> 20% | <input type="checkbox"/> Functional | <input type="checkbox"/> Other_____ |
| 7. Post Dam Style: | <input type="checkbox"/> Butterfly | <input type="checkbox"/> As Outlined | | |
| 8. Palatal Relief: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> As Outlined | |
| 9. Denture Base: | <input type="checkbox"/> Lucitone 199 | <input type="checkbox"/> Success | <input type="checkbox"/> Regular ADA Approved | |
| 10. Finish: | <input type="checkbox"/> Stippled | <input type="checkbox"/> Festooned | <input type="checkbox"/> Rugae | <input type="checkbox"/> Smooth |
| 11. Peripheral: | <input type="checkbox"/> Medium | <input type="checkbox"/> Full | <input type="checkbox"/> Thin | <input type="checkbox"/> As Instructed |
| 12. Soft Liner: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 13. Bleaching Trays: | <input type="checkbox"/> Reservoir | <input type="checkbox"/> Trim Regular | <input type="checkbox"/> Trim Scalloped | <input type="checkbox"/> Spacer |
| 14. Mouth Guard: | <input type="checkbox"/> Soft Athletic | <input type="checkbox"/> Hard Athletic | <input type="checkbox"/> Other_____ | |
| 15. Denture I.D.: | <input type="checkbox"/> Upon Request | <input type="checkbox"/> Always | <input type="checkbox"/> Never | |
| 16. Additional Instructions: | | | | |

Partials Preference Guide

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|-----------------------------|-------------------------------------|---|--------------------------------|
| 1. Procedure: | <input type="checkbox"/> Lab Design | <input type="checkbox"/> Doctor Design | |
| 2. Clasp Thickness: | <input type="checkbox"/> Thin | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| 3. Tissue Relief: | <input type="checkbox"/> Slight | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| 4. Adjust Opposing: | <input type="checkbox"/> Call Dr. | <input type="checkbox"/> Adjust and Send Note | |
| 5. Additional Instructions: | | | |

Special Instructions



All Products Manufactured and Assembled in the United States



All Dental Products are disinfected for your safety prior to shipping from AC Dental.