



Doctor Preference Profile

Dear Doctor,

Thank you the opportunity to serve your needs. We realize that every Doctor is different and choices such as your interproximal contact preference directly affect your satisfaction and the success of your cases. Our software allows us to store your individual preferences, which we use to customize your cases exactly to your specifications. Additionally, we would like to know how you want us to act upon certain situations that may arise, such as a lack of occlusal clearance. Some Doctors would prefer we automatically take a certain action, while others would prefer an email or phone call. Please take a moment to help us ensure your complete satisfaction. Please use the back of this page for any additional comments.

Who is our point of contact for specific case fabrication questions, if not the Doctor?

Would you prefer we call or email you? Please provide the email address, if email is preferred.

How do you like your interproximal contacts?

LIGHT MEDIUM HEAVY / PINPOINT NORMAL BROAD

How do you like your occlusal contacts? Our standard fabrication is for 2 red sheets of Madame Butterfly ribbon in the anterior and 4 red sheets of Madame Butterfly ribbon in the posterior. Each sheet is 90 microns (0.09mm) thick. Most our customers prefer this standard. If you do not wish to try our standard, please advise your preference:

SLIGHT OCCLUSAL CONTACT WITH OPPOSING FOR ALL UNITS
 A LOT OF OCCLUSAL CLEARANCE (4 red ribbons anterior and 9 red ribbons posterior)
 OTHER:

Our Rx form has check boxes for "if lacking occlusal clearance, make metal occlusal or bite pad, reduction coping, or adjust the opposing." If you do not wish to select this on each Rx, how would you like us to proceed in the event of a lack of clearance?

METAL BITE PAD/METAL OCCLUSION REDUCTION COPING
 ADJUST THE OPPOSING CONTACT ME BY MY PREFERRED METHOD (EMAIL OR PHONE)

*If the opposing is a crown, then DO THE SAME AS SELECTED ABOVE TAKE THIS ACTION:

Our standard fabrication of PFM cases is to "show no metal."

If you would like a metal collar on your cases, please let us know here. YES

If yes, do you want the metal collar LINGUAL SIDE ONLY ON ALL UNITS OTHER:

If yes, how tall do you want the metal collar? 0.5mm 1.0mm ____mm

If the margin of an impression we receive is questionable, would you prefer to

TRIM THE DIE YOURSELF HAVE US CONTACT YOU FOR A NEW IMPRESSION
 DO THE BEST WE CAN OTHER:

What is the one thing you liked most about your previous lab(s)?

What is the one thing you disliked most about your previous lab(s)?

Is there any additional information we should know?



Global Dental Solutions, LLC®

Full service dental laboratory

See reverse side for Doctor
Preference Profile 

Email Address Request for Shipment Notification

To better serve our customers that receive cases from us via FedEx, we ask that you provide us your email address. Once provided to us, we will start sending notification when cases are shipped to you. The email notification will be sent via Fedex.com when the cases have left our laboratory and will include the names of patients whose cases are enclosed in the shipment, the estimated delivery date, and the tracking number.

We appreciate your business and look forward to continuing our relationship far into the future.

Doctor/Office name _____

Email address _____