

Doctor Preference Profile



Global Dental Solutions, LLC®

Full service dental laboratory

_____, DDS / DMD

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, text, or email you? Please provide the email address or cell number, if email or text 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 0.2mm anterior clearance and 0.4mm posterior clearance. Most our customers prefer this standard.

STANDARD (0.2mm anterior clearance and 0.4mm posterior clearance)
 SLIGHT OCCLUSAL CONTACT WITH OPPOSING FOR ALL UNITS (0.1mm clearance)
 A LOT OF OCCLUSAL CLEARANCE (0.5mm anterior clearance and 1.0mm posterior clearance)

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

*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

What is your PFM alloy preference? NON-PRECIOUS SEMI-PRECIOUS (NOBLE) PRECIOUS (HIGH NOBLE)

If "Zirconia" is written on the Rx, we will fabricate full zirconia in the posterior and layered zirconia in the anterior. If you would like us to do differently, please inform us here.

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?

Email Address Request for Shipment Notification



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See reverse side for Doctor
Preference Profile 

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 and Office name _____

Email address _____