



SACRAMENTO/NEWPORT BEACH DELIVERY ADDRESS
THE PACIFIC AESTHETIC LABORATORY GROUP
CORR DENTAL DESIGNS
700 N SUNRISE AVE
ROSEVILLE, CA 95661
916.786.6740

EMAIL PHOTOS TO: CORRSHADES@GMAIL.COM
WWW.PACIFICAESTHETICDENTALSTUDIO.COM

DR. _____ LICENSE #: _____ DATE: _____

PRACTICE NAME: _____

SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ WORKING DAYS/HOURS: _____

In order to provide you with our highest quality and your specific needs, we are asking that you fill out this preference sheet so we may refer to it for each case we design for you. For your convenience, you may fax this to 916-786-6747 or simply email it to corrshades@gmail.com.

Impression Material: _____

Articulator Preference: _____

Alloys (unless otherwise stated on the individual Rx)

High Nobel Yellow ceramic Gold Nobel

Alloys (full metal crowns)

High Nobel Yellow Gold Nobel Yellow Gold White Gold

Insufficient occlusal clearance

Reduce and mark Reduce and provide reduction coping Call to discuss

Occlusion Preference

Light Medium Heavy

Occlusal Stain

Light Medium Dark

Contacts

Light Tight Broad

Anterior Facial Margins

Porcelain Shoulder/Margin Porcelain to metal with no metal showing

Metal Margin Design

No collar Small lingual Collar Small lingual and buccal collar Metal lingual/occlusal

Other: _____
