



SACRAMENTO/NEWPORT BEACH DELIVERY ADDRESS  
700 N SUNRISE AVE  
ROSEVILLE, CA 95661  
916.786.6740

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

DR. \_\_\_\_\_ LICENSE #: \_\_\_\_\_ DATE: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_