

To assist us in understanding and maintaining your specific lab affiliated profile preferences regarding how your fixed dental prosthetics are to be finished, please help us by filling out this survey. Thank you in advance!

## Doctor Product Specification Form

Dr. Name

Practice Name

Phone Number

Fax Number

Street Address

Email  
confirmation

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**Preferred Alloy  
for PFMs**

High Noble

Semi-Precious

Base Metal (Non-  
Precious)

**Occlusion**

Light

Heavy

None

Other

**Margins**

Metal band all round

Lingual metal band

No metal band

Other

**Occlusal Stain**

None

Light

Medium

Heavy

Other

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**Contacts**

Broad

Broad and Deep

Ovate

Other

**Do you use stump  
shade guides?**

Yes

No

**Pontic Design  
Type**

Mod. Ridge Lap

Ovate

Ridge Lap

**Which stump shade  
guide do you use?**

Ivoclar ND

Ivoclar ST

**Please chose the shade guides you typically use:**

VitaPan Classic  
VitaPan 3D-Master  
Vita Bleach Guide 3D  
Trubyte - Bioform  
Ivoclar - Chromascop  
Other

**Additional guides:**

Ivoclar - SR-Vivosit  
Vivodent PE  
Vita - VM

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**If you utilize digital impression equipment, what type?**

Sirona RED  
Sirona Blue  
Sirona OmniCam  
iTero  
3M True Definition Scanner  
E4D  
Other

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**Additional Comments:**

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**he example in blue text below is an actual sample that a doctor filled out on the Spec Form Additional Comments section. This information can greatly help us understand your preferences with greater detail. Feel free to fill-in the Additional Comments section above with your specific profile comments.**

**PSP Margin:**

- *Cervical collar of metal OK on almost all 2nd molars.*
- *On PSP crowns anterior to 2nd molars, I'll place a fairly heavy shoulder margin on the buccal and expect a porcelain butt. I lightly chamfer the rest and expect a lingual metal collar*
- *I will request a 360° porcelain butt on PSP crowns only if I give you a very heavy chamfer or shoulder margin 360°*

**Occlusion:**

- *I'm kind of a stickler when it comes to occlusion. I've just grown accustom to having to adjust the bite quite a bit on crowns to establish the bite that I want. This is the main reason I don't ask for a lot of staining/occ. Anatomy, because I usually just end up grinding it off.*
- *On the posterior, all I really need is good centric contact. I make sure that there are no posterior working interferences and definitely no balancing interferences. (I wish all my patients had good anterior guidance)*
- *For single crowns I feel comfortable with quad trays, for multiple crowns, I'll always use a full arch custom tray. Most crowns are bread & butter single units, but in layer cases, I'll give specific occlusal requests.*