UNDERSTANDING YOUR PREFERENCES

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**Durban Dental Laboratories**. Call 1-800-268-4294, email toronto@durbanlabs.com or visit us online at [www.durbanlabs.com](http://www.durbanlabs.com/)

Communication is a key to our client and laboratory relationship. We understand that every clinician has their personal style. Please request our Clinical Preference Form, which each clinician should complete. The data you provide will be input into our Lab Management Client Profile, which allows our technicians immediate access to common questions that arise in production, saving time and calls. This is one of the many ways we customize your lab experience.

**Nightguards**

* Hard acrylic
* Thermoplastic
* Canine guidance
* Flat smooth occlusion in all excursions

**Porcelain Esthetics**

* Light occlusal staining
* Heavy occlusal staining
* No occlusal staining

**Margin Finish PFM**

* Lingual bands only
* Metal band mesial, distal and lingual
* Buccal butt margin
* 360 butt margin
* Porcelain to margin

**Pontic Design**

* Sanitary (1mm off the tissue)
* Ridge lap
* Modified ridge lap
* Bullet (conical)

**Implants**

* Genuine parts only
* After market parts
* Cementable
* Screw retained when possible
* Custom milled or Ti Base
* Abutment to be shaped for proper emergence profiles
* Do you want transfer aids for the abutments?

40 Pippin Road • Unit 11/12 • Concord, ON L4K 4M6

Phone: 416-410-1330 • Toll-Free: 1-800-268-4294 • Fax: 905-761-8052 • toronto@durbanlabs.com

**Preferred method of communication:**

* Email

*(please provide email address)*

* Text
* Call office and / or leave a message

**Alloy Preference**

* Non-precious
* Semi-precious
* Precious

**Dentures**

* Premium teeth
* Standard teeth
* Economy teeth

**Lack of Space**

* Contact the dentist
* Reduce the opposing
* Reduce the prep
* Reduction coping needed

**Occlusion recommendations**

* Positive contact
* Light contact
* Leave out of occlusion
* Use foil on opposing

**Porcelain Contacts**

* Broad contact area
* Light
* Tight

**Zirconia**

* Monolithic
* Layered

We would like to give you the very best result that we can with every case that you do. To that end, we hope that you don’t mind filling out this preference sheet so that we can keep your preferences on file and, to the best of our ability, limit the number of returns and adjustments.

Doctor Name: Account #:

