



Doctor's Preference Form

Your preferences will be kept on file with your account for our staff to follow. Please email your completed form to scheduling@ragledental.com.

Removable Preferences

CUSTOM TRAYS

- Perforated
- Reg. handles
- Large handles
- Trim to periphery roll
- Dr. will mark

Comments _____

BITE RIMS

- Standard**
 Height: 22mm upper
 18mm lower
 Width: 10mm posterior
 8mm anterior

- Custom**
 Height: U: _____
 L: _____
 Width: U: _____
 L: _____

- ECB (Esthetic Control Base)**

Comments _____

TEETH

- Portrait IPN
- Ivoclar BlueLine
- Bioform IPN
- Economy Tooth (Lab Choice)
- Other _____

OCCCLUSION

- Anatomical
- Lingualized
- Flat-On-Flat

SET-UP / WAX-UP

Set-Up

- Characterized
- Ideal
- Will Specify on Rx

Comments _____

Festooning

- Heavy Normal
- Smooth Will Specify on Rx

Comments _____

FINISH (✓ all that apply)

Periphery

- Thick Thin Smooth
- Will Specify on Rx

Stippling

- Heavy Light
- Will Specify on Rx

Palate

- Thick Thin Smooth
- Rugae Relief

Postdam

- Butterfly Boyd
- Dr. will Postdam

BLEACHING TRAYS

- Scalloped
- Non-Scalloped

** Standard unless specified.

Crown & Bridge Preferences

CONTACTS

- Light Standard Pinpoint**
- Strong

OCCCLUSION

- Centric (0.10mm)
- Tapepull (0.20mm)
- VO1 (0.40mm)**
- VO2 (0.50mm)
- VO3 (0.65mm)
- VO4 (0.75mm)
- VO5 (1.00mm)

OCCLUSAL STAINING

- None Light**
- Medium Heavy

IF MINIMAL CLEARANCE

- Relieve Opposing**
- Reduction Coping
- Zirconia Island

PONTIC DESIGN

- Off Ridge/Tear Drop
- Modified Ridge Lap/Stein
- Ridge Lap

Comments _____

MODELS

- Modeless:** Contact Model**
- Models:** Articulated Models

Implant Preferences

CUSTOM ABUTMENT TYPE

- RCAD Custom Abutment**
- RCAD Screw-Retained (one-piece)
- OEM (Original Equip. Manufacturer)
- Will Specify on Rx

Comments _____

BLANCHING

- No Blanching
- Light Tissue Contour Blanch
- Full Anatomical Blanch**
- Follow Custom Tissue-Support Matrix
- Will Specify on Rx

Comments _____

MARGIN DEPTH

- Facial: 1.0 1.5 2.0
Interprox: 1.0 1.5 2.0
Lingual: 1.0 1.5 2.0

Comments _____

For All Cases:

Design Review Screenshots should be sent to...

Doctor: Email _____ Text _____

Office: Email _____ Text _____

** Standard unless specified.