

Pittman Dental Laboratory

Doctor's Personal Profile Questionnaire

This is your personalized checklist for each of your cases.

Once you return the completed form to us, we will enter your preferences into our database, enabling us to customize the restorations to your clinical preference.

Please return by regular mail/email to kalyn@pittmandental.com or Fax: (770) 503 1173

Dr. Name: _____

Address: _____

Phone #: _____ Fax #: _____

Dr. or Contact Person Email:

Please check preference. **HIGHLIGHTED** indicates standard procedure and default materials.

Return Shipment	<input type="checkbox"/> *FedEx (SDS) -2 Day <input type="checkbox"/> Daily route pickup (where available)
Technical Communications	<input type="checkbox"/> *Email me questions or issues & send digital photos of the area of concern. (our email: support@pittmandental.com) <input type="checkbox"/> Please call me with questions.
Type Margins Normally Used	<input type="checkbox"/> B: Bevel <input type="checkbox"/> C: Chamfer <input type="checkbox"/> F: Feather <input type="checkbox"/> S: Shoulder <input type="checkbox"/> SB: Shoulder/Bevel <input type="checkbox"/> O: Other:
Gingival Relationship of Pontics	<input type="checkbox"/> L: Relieve cast light (2 pencil scrapings) <input type="checkbox"/> H: Relieve cast heavy (4 pencil scrapings) <input type="checkbox"/> N: Do not relieve cast
Metal for Porcelain Restorations	<input type="checkbox"/> P-90: 90% Gold (yellow) High Noble <input type="checkbox"/> P-Y: 80% Gold (yellow) High Noble <input type="checkbox"/> P-W: 40% Gold (white) High Noble <input type="checkbox"/> P-S: Semi-Precious (white) Noble <input type="checkbox"/> P-N: Non precious (white) Predominantly Base <input type="checkbox"/> OS: As marked on script
Metal for Cast Restorations	<input type="checkbox"/> FC40: 2% Gold (yellow) Noble -Type III <input type="checkbox"/> FC52: 52% Gold (yellow) Noble -Type III <input type="checkbox"/> FC75: 75% Gold (yellow) High Noble -Type III <input type="checkbox"/> FC83: 83% Gold (yellow) High Noble -Type III <input type="checkbox"/> FCWG: 40% Gold (white) High Noble - Type III <input type="checkbox"/> FCSP: Semi Precious (white) Noble -Type III <input type="checkbox"/> FCNP: Non Precious (white) Pred. Base -Type III <input type="checkbox"/> OS: As marked on script

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****IMPORTANT**** Please fill out & return as soon as possible; Attn: **Kalyn Edleman**

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Marginal – Design of Crowns	<input type="checkbox"/> No Metal Showing <input type="checkbox"/> MBL: Metal band on lingual only <input type="checkbox"/> MBA: Metal band on facial of anterior <input type="checkbox"/> MBP: Metal band on buccal of posteriors <input type="checkbox"/> BJ: Porcelain butt joint margin on labial <input type="checkbox"/> GBJ: Esthetic gold butt joint margin
Inadequate Occlusal Clearance	<input type="checkbox"/> RPO: Relieve opposing & complete crown as requested on script <input type="checkbox"/> BI: Use bite island where bite is close <input type="checkbox"/> MO: Use metal occlusal or lingual <input type="checkbox"/> RBI: Relieve opposing & use bite island where bite is close <input type="checkbox"/> C: Call Doctor; do not proceed with case
Proximal Contacts	<input type="checkbox"/> On Solid Model
Occlusion	<input type="checkbox"/> OM: Medium – Double ribbon pulls through <input type="checkbox"/> OL: Light –Foil opposing & double ribbon pulls through freely <input type="checkbox"/> OH: Heavy – Ribbon will not pull through
Occlusal Stain	<input type="checkbox"/> OS: Yes <input type="checkbox"/> ONS: No
Comments to assist us in properly fabricating your cases:	

Laboratory Use Only

Date Received: _____

Mngr Sign Off: MC ____ JB ____ MA ____

Add'l comments:



DENTAL LABORATORY
Dental Implant Specialists

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