

Default Preferences highlighted in **bold**

NOTE: Written instructions on Rx will always override preferences

Doctor Preference Form

Date: _____

Phone: _____

Dr. Name: _____

Cell: _____

Address: _____

City: _____

Email: _____

State: _____

Website: _____

Office Hours: _____

Prosthesis Preferences

For tech questions, do we talk to Doctor Assistant Name: _____

Preferable mode of contact: Email Text Cell/Email: _____

You can change your preferences at any time, just call 1.844.GODIVERSE | 1.844.463.4837

1. Margin

- Shoulder Margin
- Shoulder with Bevel Margin
- Chamfer Margin
- Feather Margin
- Others _____

3. Occlusion

- Positive Occlusion
- Out Of Occlusion
- Slightly Out
- Others _____

5. Metal Collar

- No Metal Collar
- Metal Lingual Collar**
- 180° Metal Collar
- 360° Metal Collar
- Others _____

7. Under Cuts In Prep

- Call Doctor**
- Trim Prep with Reduction Coping*
- Adjust Prep without Reduction Coping (Mark in Red)
- Others _____

2. Contact

- Broad
- Light (Point)**
- Tight
- Others _____

4. Pontic Design

- Full Ridge Lap
- Modified Ridge Lap**
- Ovate
- Bullet
- Sanitary
- Others _____

6. Less Clearance In Occlusion

- Call Doctor**
- Trim Opposing
- Trim Prep with Reduction Coping
- Trim Prep without Reduction Coping
- Metal Occlusion Only
- Metal Island

8. Impression Issue

- Call Doctor**
- Go Ahead (No Guarantee)*