



**B&B DENTAL
CERAMIC ARTS**

*Member of D.D.S Group
Dental Design Solutions*



Preference Form

(tel) 425 226 3223 • 877 226 3223
(email) info@bbdentallab.com

DOCTOR NAME

Date

CLINIC NAME

Time

Email Address For Common Discussions

Phone #

Email Address For Billing (If available)

Crown & Bridge

1. With Insufficient Occlusal Clearance

- Reduce prep (Mark & reduction coping)
- Adjust opposing
- etc: _____

1-1. With Insufficient Occlusal Clearance (PFM)

- Metal Occlusion
- Follow my answer from question #6

1-2. With Insufficient Occlusal Clearance (Zirconia & Emax)

- Switch to Monolithic (If layered crown was originally ordered)
- Follow my answer from question #6

Pontic type

2. Pontic Design



Ridge lap pontic



Modified ridge lap pontic



Stein pontic



Sanitary pontic



Ovate pontic



Go with best way

3. Occlusal Contact

- Shim stock hold
- Shim stock pull through

- Normal
- Out of occlusion



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PFM

4. Margin and metal design

- 360° disappearing margin
- Buccal butt margin
- Buccal disappearing margin +Lingual collar
- Metal occlusion
- I will specify on the prescription

5. Metal type for PFM (Frame)

- Hi-Noble (Au; Yellow 88.9%, 52.2%, 40.3%)
- Noble (Pd; 59.8%)
- Non-Precious
- I will specify on the prescription

6. Alloy type for Gold (Crown & Bridge)

- Type III (Au; 74%, 59.5%)
- Type IV (Au; 40%)

Implant restoration

7. Restoration Type

- Screw-retained
- Cement-retained

7-1. If Screw-Retained is not possible

- ASC (Angled Screw Channel) part
- Change to Cement-retained

7-2. Screw retained crown Abutment Part

- Custom Abutment (Ti)
- Ti-base

8. If any preferences for implant restorations are not available for a particular situation:

- Change to the best possible option & Inform to doctor
- Call doctor

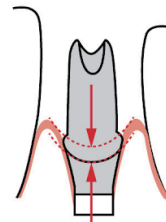
9. Manufacturer

- Original Milling Center (OEM)
- In-house

10. Margin Depth

If you would like to customize it,
please specify your request on the
option "etc."

- B&B's default setting.
(1.5 mm Sub on Facial /
Tissue Level on Lingual /
0.5 mm Sub on Interproximal)
- etc: _____



DOCTOR SIGNATURE

LICENSE NO.

DATE