Digital Designs Dental Lab
www.digitaldesignsdentallab.com
(888) 798-7828 | info@digitaldesignsdl.com

DIGITAL DESIGNS Dental Lab

Innovative solutions for your practice®

Crown & Bridge Preferences

These will be your default preferences unless otherwise stated on a Rx.

Please fax the completed form to (614) 443-7311 or enclose with your next case.

Date: ____/____/_____ Phone: (_____) _____-_____ Fax: (_____) _____-_____

Practice Name: _____ Email: _____

Doctor Name: _____

Preferred Contact Method (check all that apply): ☐ Phone ☐ Fax ☐ Email ☐ Client Portal

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Doctor Signature: _____ License #: _____

Contacts: ☐ Light ☐ Broad ☐ Ideal

Occlusal Clearance: ☐ Light ☐ In Occlusion ☐ Out of Occlusion

If Insufficient Clearance: ☐ Call ☐ Adjust Opposing ☐ Reduction Coping

PLEASE NOTE: If margins are in question, the lab will call to discuss.

Please specify any additional instructions or preferences:

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