

OUR PREFERENCE GUIDE SYSTEM

Consistency Through Documentation

As an integral part of our Reliance Laboratory System, this is designed to listen to your individual needs and respond by delivering cases that result in minimal chairtime, satisfied patients, and best of all . . . NO SURPRISES!

FIXED PROSTHETICS

Dr. has no preferences

1. OCCLUSAL CONTACT WITH OPPOSING TEETH

- Positive Contact
- Slightly Out*
- Foil Relief Layers
 - 1 2

2. DIE SPACER

- None
- Light - One Coat
- Medium - Two Coats*
- Heavy - Three Coats

3. METAL PREFERENCE

Please indicate your metal preference

- Base
- *HN White
- Noble
- HN Yellow

4. PORCELAIN TO METAL DESIGN (SEE CHART)

| | UPPER | LOWER |
|------------|-------|-------|
| Anterior | _____ | _____ |
| Bi-Cuspids | _____ | _____ |
| Molars | _____ | _____ |

| | | | | | |
|----------|--|----------|--|----------|--|
| A | * Full porcelain no metal showing | B | Lingual collar | C | Lingual collar with small labial band |
| D | Narrow band all around | E | Full metal lingual | F | Full metal lingual with narrow labial band |
| G | * Full porcelain no metal showing | H | Lingual collar | I | Lingual collar with small buccal band |
| J | Lingual cusps metal | K | Lingual cusps metal w/ narrow buccal band | L | Buccal porcelain veneer |
| M | Buccal porcelain veneer w/narrow buccal band | N | Buccal porcelain veneer w/narrow buccal band & full metal occlusal | O | Lingual metal cusps & metal occlusal |

5. PONTIC SIZE BUCCAL/LINGUAL WIDTH

- Like Natural Teeth*
- 2/3 Natural Teeth

6. INTERPROXIMAL CONTACTS

- Normal*
- Heavy & Broad
- Point



7. INTERPROXIMAL SPACING

- Normal Opening*
- Wide Opening
- Closed



8. ANATOMY

- Primary Only
- Primary/Secondary
- Natural Anatomy*

9. OCCLUSAL ADJUSTMENT WHEN NEEDED

- Metal Occlusal
- Metal Island / Strike
- Adjust Opposing
- Call

10. OCCLUSAL STAINING

- None
- Light (Light Brown)*
- Heavy (Dark Brown)

11. ANTERIOR PONTIC DESIGN

- Ridge Lap
- Modified Ridge Lap*

12. POSTERIOR PONTIC DESIGN

- Cone Tip Touching Ridge (Lowers Only)
- Modified Ridge Lap*

13. RIDGE RELIEF HEALED AREA

- Slight Relief*
- 1mm Relief
- 2mm Relief
- No Relief

Dr.: _____

Address: _____

Phone: _____

E-mail: _____

* DENOTES OUR LAB STANDARD



H&O Dental Laboratory
Profit from our experience