

Laboratory Preferences - Killian Dental Ceramics, Inc.

You can help us provide the best possible service, by completing this form and faxing it to (949) 733-2400, or returning it in the enclosed envelope. We will refer to preferences for all of your case work.

1. **Doctor's Office Hours** _____

2. **If Courier is unable to deliver case:
Alternate Address and/or Delivery Instructions.**

3. **Phone#** _____ **Fax#** _____ **Email** _____

4. **When communication is urgent we will call on the phone, however for non-urgent issues and news from the lab, what is your preferred method for contact:**

Phone Fax Email

5. **Type of Impression material used** _____

6. **Do you stain and glaze Ceramic Crowns in your office?** Yes No

• Unless you indicate differently on the Rx Work Order form, we will follow the following instructions:

7. **For PFMs, please use the following metal type.**

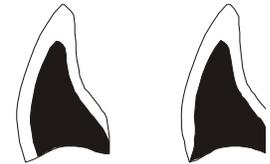
- HIGH NOBLE (Yellow Gold) (Au 88%, Pt 9.5%, In 1.5%)
- HIGH NOBLE (White Gold) (Au 51.5%, Pd 38.5%, In 8.5%)
- NOBLE (Au 2%, Pd 81.01%, Sn 6.4%, Ga 5.39%, Zn 4.8%)

8. **For Yellow Gold crowns, please use the following metal type.**

- HIGH NOBLE, type III (Au 74.5%, Pd 3.5%, Ag 11%, Cu 10.5%)
- NOBLE (Au 55.8%, Pd 4.11%, Ag 25.0%, Cu 13.81%)

9. **For facial margins on anterior PFMs, if possible, always fabricate a...**

- PORCELAIN SHOULDER margin (#1, all porcelain at margin, metal cut back)
- PORCELAIN-METAL junction margin (#2, metal extends to margin, but is not visible)



#1

#2

10. **If there is insufficient occlusal clearance, then...**

- MAKE METAL OCCLUSAL
- MAKE REDUCTION COPING METAL WHITE PLASTIC
- ADJUST OPPOSING
- CALL ME AND LET ME KNOW WHAT YOU ARE DOING
- CALL ME BUT DON'T PROCEED UNTIL WE TALK

11. **For aesthetic occlusal pit and fissure PFM staining, I prefer...**

- NONE LIGHT MEDIUM

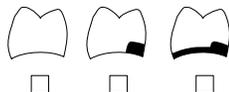
12. **My Occlusion preference is...**

- LIGHT - 0.3 mm sub-occlusal on the model with no centric contacts, and no lateral contacts on the model. I prefer no adjustments in the mouth.
- MEDIUM - 0.1 mm sub-occlusal on the model with minimal centric contacts, and no lateral contacts on the model. I prefer minimal adjustments in the mouth.
- HEAVY - touching opposing on the model. I expect to make adjustments in the mouth.

13. **Proximal Contacts**

- o LIGHT – Die spacer painted on model contacts.
- o MEDIUM – Die Hardener placed on contacts.
- o HEAVY – Very light scrape made to model contacts.

14. **Metal Collar Design:**



15. **SPECIAL REQUESTS or INSTRUCTIONS** (Please attach or indicate on back of sheet)

DOCTOR NAME _____ License# _____ Date _____

Implant Preferences - Killian Dental Ceramics, Inc.

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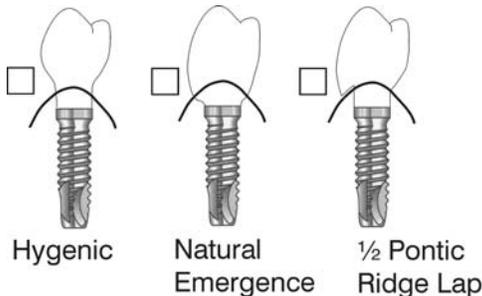
1. Abutments

- STOCK TITANIUM
- ZIRCONIA (if available)
- UCLA ABUTMENT
- CAD-CAM (Etkon, Encode, Atlantis, Procera, etc)

2. Gingival Contours

- NO BLANCHING
- BLANCHING (Tissue returning to normal within 5 minutes)
- NATURAL EMERGENCE PROFILE (Doctor will sculpt tissue or use releasing incision.)

3. Implant Porcelain Contours



4. Abutment Margin Depth (If not specified, then default values will be used)

- | | |
|--|---------------------------|
| <input type="checkbox"/> MESIAL _____ | DEFAULT |
| <input type="checkbox"/> DISTAL _____ | MESIAL: 1.5 mm |
| <input type="checkbox"/> LINGUAL _____ | DISTAL: 1.0 mm |
| <input type="checkbox"/> BUCCAL/FACIAL _____ | LINGUAL: Even with tissue |
| | BUCCAL/FACIAL: 1.5 mm |

5. Occlusal Table

- NORMAL WIDTH
- NARROW (3/4 WIDTH)

6. My Occlusal Contacts preference for Ankylos restorations is...

- EXTRA LIGHT - 0.5 mm sub-occlusal on the model with no centric contacts, and no lateral contacts on the model. I prefer no adjustments in the mouth.
- LIGHT - 0.3 mm sub-occlusal on the model with no centric contacts, and no lateral contacts on the model. I prefer no adjustments in the mouth.
- MEDIUM - 0.1 mm sub-occlusal on the model with minimal centric contacts, and no lateral contacts on the model. I prefer minimal adjustments in the mouth.

NOTE: Heavy occlusal contact is not indicated in the absence of periodontal ligament.

7. Abutment - Transfer Index

A red acrylic abutment splint for transferring abutments accurately from the model to the mouth usually provided by the lab for multiple unit cases.

- Make a Transfer Index for multiple unit cases ONLY.
- ALWAYS make a Transfer Index for both single and multiple unit cases.
- NEVER make a Transfer Index.

8. SPECIAL REQUESTS or INSTRUCTIONS

(Please indicate below, on back, or attach separate sheet.)

DOCTOR NAME _____ License# _____ Date _____