

# DOCTOR PREFERENCES: COMPLETE DENTURES

DATE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

DR. NAME: \_\_\_\_\_ DUAL OFFICES: Yes / No

ADDRESS: \_\_\_\_\_ OFFICE DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_

\_\_\_\_\_  
OFFICE CONTACT PERSON: \_\_\_\_\_

\_\_\_\_\_  
DR. PHONE: \_\_\_\_\_

## DENTURE SELECTION

- Classic
- MAC
- Digital

## CUSTOM TRAY

- Solid
- Perforated
- Selective Pressue

## BASEPLATE

- VLC
- Processed
- Milled
- Printed

## ARTICULATOR

- Stratos 100
- Panadent
- Other: \_\_\_\_\_

## TOOTH ARRANGEMENT

- Straight
- Personalized

## TEETH

- Standard
- Premium
- Digital

## OCCLUSAL SCHEME

- Lingualized
- Semi Anatomic

## PALATAL ANATOMY

- Rugae
- Smooth

## FINISH

- Smooth
- Festoon
- Stippled

## FRENUM ATTACHMENTS

- Open
- Yes
- No

## BORDERS

- Full extension
- Border molded
- Myostatic

## POLISH

- High Shine
- Low Shine

## NOTES

---

---

---

---

---

---

---

---

---

---