

Dear New Customer,

Thank you for your business. We hope you discover Perry & Young to be a high quality team that provides the best outcome for you and your patients. Part of our goal is to customize crowns to fit your specific preferences, so please use this sheet to communicate your preferences to us. Our technicians will use this preference as your standard, but rest assured, Perry & Young will check on your prescription for additional instructions.

Please fill out and send with your next case, or fax this letter to 303-745-8680.

-Digital file submissions: go to our website www.perryandyoung.com to upload your file.

-Photos: please send in with case or email to photos@perryandyoung.com.

-For best results to match shade photos, please take picture with P&Y grey card.

Please remember to send your Preference Sheet in with next case. Thank you for your time!

General Information

Dr. Name: _____ Date: _____

Dr. License #: _____

Business Name: _____

Address: _____

Email: _____

Phone: _____ Cell Phone: _____

City: _____ State: _____ ZIP: _____

Best method of contact: _____

Referred By

- Website Current Customer
 Advertisement Word of Mouth Other: _____

Office Hours

M: _____ TU: _____ W: _____ TH: _____ F: _____ SAT: _____

Emergency #: _____

Office Contacts For

Scheduling Questions: _____

Office Manager: _____

Phone #: _____ Email: _____

Doctor's Assistant: _____

Phone #: _____ Email: _____

Fixed Preferences

If occlusal space is needed and/or path of insertion:

- | | |
|---|---|
| <input type="checkbox"/> Contact for discussion | <input type="checkbox"/> Make metal island |
| <input type="checkbox"/> Adjust opposing tooth | <input type="checkbox"/> Make metal occlusal |
| <input type="checkbox"/> Adjust prep & make reduction coping in resin | <input type="checkbox"/> Adjust prep & mark die |
| <input type="checkbox"/> P&Y will relieve .5mm of opposing tooth without calling. If more than .5mm in needed we will call. | |
| <input type="checkbox"/> Do not relieve - return for re-preparation | |

No Bite Enclosed or Not Sure: (enclosed bite/impression is correct)

- Use impression for bite* Hand mount
 Contact office and send case for dentist to verify/mount

Alloy Choice:

Porcelain Alloy:

- | | |
|--|---|
| <input type="checkbox"/> High noble - yellow alloy (Classic IV-88% Au) | <input type="checkbox"/> Noble - white alloy (Arg 55-Ag-Pd) |
| <input type="checkbox"/> High noble - white alloy (65SF-65% Au) | <input type="checkbox"/> Base |

Full Cast Alloy:

- | | |
|---|--|
| <input type="checkbox"/> HN Type II Yellow (JRVT-77% Au) | <input type="checkbox"/> Noble Type IV Yellow (Forticast-42% Au) |
| <input type="checkbox"/> HN Type III Yellow (Arg 58-58% Au) (Standard) | <input type="checkbox"/> Noble Type IV - Y+3 |

PFM Margins:

- | | |
|---|--|
| <input type="checkbox"/> No collar 360 degrees (Standard) | <input type="checkbox"/> Labial porcelain butt margin |
| <input type="checkbox"/> Small lingual metal collar | <input type="checkbox"/> 360 degrees porcelain butt margin |
| <input type="checkbox"/> Posterior 360 degrees metal collar | |

Posterior bridge pontic design:

- | | |
|---|--|
| <input type="checkbox"/> Ridge-Lap pontic | <input type="checkbox"/> Hygienic pontic |
| <input type="checkbox"/> Modified Ridge-Lap pontic (Standard) | <input type="checkbox"/> Ovate pontic |

Pontic Design:

- Full Ridge* Modify Ridge No Contact Point Contact Pontic in Socket



- Scrap pontic areas on working model* Do not touch pontic areas

