

Dental Prosthetic Services

Doctor Preferences-Orthodontics



Doctor Name: _____ Date: _____

Your appliances are crafted based on your preferences. We have found most of our clients prefer their cases fabricated in a similar fashion. To improve communication, we have developed a list of the most requested procedures. If you routinely prefer other options, please check these and we will enter your preferences in our system.

Any specific requests written on your prescriptions will take precedence over your routine preferences.

When sending in cases to us, please:

1. Fill out laboratory prescriptions completely
2. Send as much information as possible
3. Include models, pictures, and patient concerns

Please return preference sheet to DPS:

1900 51st Street NE, Cedar Rapids, IA 52402
 800-332-3341 Fax: 319-393-8455
 www.DPSdental.com dps@dpsdental.com

| Splint Standards | Options |
|--|--|
| <input type="checkbox"/> Durasplint (Thermoplastic) | <input type="checkbox"/> Acrylic |
| <input type="checkbox"/> Flat plane | <input type="checkbox"/> Centric contact |
| <input type="checkbox"/> No cuspid rise | <input type="checkbox"/> Cuspid rise |
| <input type="checkbox"/> No anterior guidance | <input type="checkbox"/> Anterior guidance |
| Bite Opener/Deprogrammer Standards | Options |
| <input type="checkbox"/> Durasplint (Thermoplastic) | <input type="checkbox"/> Acrylic |
| <input type="checkbox"/> Canine to canine | <input type="checkbox"/> Lateral to lateral <input type="checkbox"/> Full arch <input type="checkbox"/> 1 st bicuspid to 1 st bicuspid |
| <input type="checkbox"/> 10mm plane | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Contact 2 centrals only | <input type="checkbox"/> Other _____ |
| Hawley Retainer Standards | Options |
| <input type="checkbox"/> Bow with ball clasps | <input type="checkbox"/> Adams clasps <input type="checkbox"/> C clasps |
| <input type="checkbox"/> Rosa color | <input type="checkbox"/> Color as requested |
| <input type="checkbox"/> Full palate | <input type="checkbox"/> Horseshoe palate |
| Bleaching Laminate Standards | Options |
| <input type="checkbox"/> Relief | <input type="checkbox"/> No relief |
| Lingual Wire Standards | Options |
| <input type="checkbox"/> Flat bracket | <input type="checkbox"/> Wire loop |
| Mouth Guard Standards | Options |
| <input type="checkbox"/> Proform Night Guard - clear | <input type="checkbox"/> Color as requested |
| <input type="checkbox"/> Proform Athletic Guard - no strap | <input type="checkbox"/> Strap |