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Preference Sheet

Please complete this form and return it to us as soon as possible; this is an excellent tool for us to better serve you.

Name: _____ Date: _____

Days & Hours of Operation:	
E-Mail:	Fax:
Dentist's Birthday:	
Clinical Contact:	
Scheduling Contact:	
Accounts Payable Contact:	

Articulator Preference

- No Preference
- Disposable
- Fosters

Articulator Preference: Quadrant or Larger

- No Preference
- Stratos by Ivoclar
- Panadent
- Artex

Opposing Relief

- None
- Die Spacer
- Foil

Die Spacer

- None
- Yes (2 coats is standard)

Metal Design

Refer to Metal Design Chart

Alloy Requirements

Full Cast

- White, Noble
- 20% Gold, Noble
- 50% Gold, Noble
- 77% Gold, High Noble (for inlays)

Ceramic

- White, Non-Precious
- White, Noble
- White, High Noble
- Yellow, High Noble

Insufficient Clearance

- Trim Opposing
- Trim Die & fabricate reduction coping
- Metal Occlusal
- Phone for Instruction

Contacts

- Light
- Medium
- Heavy

Occlusal Staining

- Light
- Medium
- Heavy



Special Requests and/or Additional Information:
