



Dental Laboratory Group

CLIENT PREFERENCES FORM

First Name: Last Name: Doctor License # State:

Office Phone: Doctor Cell Phone: Doctor Email:

Practice Name: Practice Contact Person: Contacts Phone:: Contacts Email:

Address: City: State: Zip:

Preferred Method of Communication:

Text Call Email

Affiliations: (ex. ADA AACD) How did you hear about Leixir?

Type of Practice: (please mark all that apply)

- General Dentistry
- Maxiofacial Surgery
- Reconstructive
- Cosmetic
- Orthodontics
- Restorative
- Family Dentistry
- Periodontics
- Private Practice
- Implant
- Prosthodontics
- DSO

Reason for Selecting Leixir Dental Group:

Fixed Preferences:

Preferred Posterior Crown:

- Solid Zirconia (or FCZ) (Recommended)
- PFZ (Porcelain fused to zirconia)
- Lithium Disilicate (EMAX)
- CAC (Picasso)
- PFM (Porcelain fused to metal)
 - Nonprecious (silver)
 - Semi-Precious (silver)
 - High Noble Yellow Gold
 - High Noble White Gold
- Full Cast Crown
 - Nonprecious (silver)
 - Semi-Precious (silver)
 - High Noble Yellow Gold
 - High Noble White Gold

Occlusion:

- Out of occlusion (default)
- Point Occlusion
- Way out of occlusion

Interproximal Contacts:

- Normal/ Passive (default)
- Broad, Tight contacts
- Open

Anatomy:

- Match Adjacent Teeth (default)
- Detailed
- Minimal

Occlusal Staining:

- Light (default)
- None

Glaze Type:

- Low Luster
- Medium Luster
- High Luster

If Limited Occlusal Clearance:

- Trim opposing (Default)
- Trim die & Fabricate reduction coping (Voids warranty)
- Contact me:
 - Call _____
 - Text _____
 - Email _____

Tooth Shade Guide Preferred:

- Vita (default)
- Ivoclar
- Other _____

Please e-mail completed form to: leixircx@leixir.com



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Pontic Design:

- Modified Ridge
- No Contact
- Full Ridge
- Point Contact

Unclear Margins:

- Call Office (Default)
- Email office with scans (Digital)
- Return to doctor (Analog)
- Make as is – Remake Fees may apply

Articulator Type:

- Plastic (default)
- Panadent
- Denar
- Kavo
- Metal Hinge
- Printed
- Other _____

Removable Preferences:

Digital Print Dentures:

- Standard
 - Premium
 - Elite
- (Only select if you want this for every case. If not, indicate in notes if it is situational)*

Do you prefer a post dam on every denture?

- Yes
- No

Do you want a smile design on every case?

- Yes
- No

If you would like a smile design, which email should we send this to?

Denture/Partial Base:

- Acrylic Base (default)
- Cast metal base
- Flex Base
- Printed
- Other _____

Occlusal Options:

- Lingualized occlusion
- Centric occlusion
- MI occlusion

Denture teeth:

- Premium (standard)
- Economy

Finishes:

- 100% Muscle Trim
- Rugae
- Stippling
- Smooth
- Characterized

Occlusal Guards:

- Canine guidance
- Flat plane group function

Cast Frame Options:

- Premium (I.e. Vitallium) - Default
- Economy (I.e. Chromium Cobalt)

Preferred nightguard type:

- Hard
- Soft
- Hard/Soft

Nightguard Finish:

- Full arch coverage (default)
- Anterior coverage
- Open anterior
- Anterior ramp

Implant Preferences:

Crown Type:

- Zirconia (Default)
- Layered Zirconia
- CAC (Picasso)
- Lithium Disilicate
- PFM

Place, Restore, or place and restore

Who provides parts:

- Lab (Default)
- Doctor

Restoration Design:

- Screw-retained (one- piece, lab cemented)
- Cement (no access hole, w/ seating jig)
- Screwmentable (two-piece, crown with access hole, abutment, seating jig)

Abutment and Restoration Design:

- Custom Milled
- Ti Base (Default)
- Zirconia

Seating Jig Required (custom abutment only)?

- Yes
- No

Anodized Abutment (Ti):

- Yes (default)
- No

Design Approval Required:

- No (default)
- Yes (Provide contact)

Margin Depths:

- B-F: _____ (Default 1.5mm)
- M-D: _____ (Default .5mm)
- L: _____ (Default: 0.5mm)

Parts Preferences:

- Leixir Preferred (default)
- OEM (Note OEM on Rx)

Abutment Margin Depth:

If screw access hole exits facial due to angulation:

- Switch to ASC (fees may apply)
- Switch to Cement Retained
- Contact Me

What ASC drivers do you use?

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