



Removable Restoration Preference Standards Information Form

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Rochester, NY 14624
585 730-5100
585 730-5095
info@cranedentallab.com

Doctor Name

Phone Number

Address

E-mail Address

- Rugae
- Stipple
- Gingival Toning
- Festooned Wax Up

Postdam

- Extended Bra
- As drawn on cast
- Short Bra
- Other (describe)

Partial Defaults

- Lab designs
- Doctor's design
- Lab design with preferences

Upper Framework

- Horseshoes
- Full Palate
- Palatal Bar
- Anterior - Posterior Bar
- Lingual Plate

Lower Framework

- Lingual Bar
- Lingual Plate
- Kennedy Bar
- Case Specific

Clasps

- RPI
- Circumfrental
- Roach
- Welded Wire
- Akers
- Embedded Wire
- Back-Action Akers
- Case Specific

Rest Seats and Clearance

- Redesign
- Trim Opposing
- Call to Discuss Preps

Tooth Preferences

- Portrait (A2, B2, C2, etc.)
- Bioform (51, 62, 92, etc.)
- Match to Vita (A2, B2, C3, etc.)
- Ivoclar (2A, 2C, 6D, etc.)
- Classic
- Other

Default Posteriors

- Flat Plane / 0 degrees
- Funtional / 10 degrees
- Semi-anatomical / 20 degrees
- Anatomical / 33 degrees

Notes

Please email this completed form to info@cranedentallab.com,
or mail it to us at 3515 Buffalo Raod, Rochester, NY 14624