



## Doctor Preference Form

Dear Doctor:

To DTS2 is very important that we make your restorations according your personal preferences. Please take just one minute to fill this form and let us know how we can do to make your restorations following your preferences. We save you preferences in the system and every time you send us case we make sure in our quality control that we follow every step.

Doctor Name: \_\_\_\_\_

DTS2 account number: \_\_\_\_\_

### Contact Style:

\_\_\_\_\_ Light

\_\_\_\_\_ Normal Point

\_\_\_\_\_ Heavy

\_\_\_\_\_ Narrow

\_\_\_\_\_ Broad

\_\_\_\_\_ Heavy Broad

\_\_\_\_\_ Other: \_\_\_\_\_

### Occlusal Clearance

\_\_\_\_\_ In Occlusion

\_\_\_\_\_ Light Occlusion

\_\_\_\_\_ Out Of Occlusion

\_\_\_\_\_ Die Spacer On Opposing

\_\_\_\_\_ Foil On Opposing

\_\_\_\_\_ Other: \_\_\_\_\_

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