



FULL-SERVICE PROFESSIONAL DENTAL LABORATORY
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www.BestDentalStudio.com

Dentist Preference Form

Please fill out this form with your preferences so that we can better serve your practice. We would like to customize our work to meet your preferences.

Proximal Contacts

Light Standard Tight

Occlusal Contacts Preference

Out of Occlusion Light Medium Heavy

Do you like occlusal staining?

Yes No

What type of margins do you prepare?

What days are the practice open? _____

Doctor Cell Phone Number: _____

Doctor Email Address: _____

What implant system(s) do you restore most often? _____

Do you want genuine or generic implant parts used? (We are happy to discuss options with you if you have any questions) _____

Are you in a study club with other dentists? Yes No

If yes, are you interested in having Best Dental Studio present to your study club for 2 CE credits? Yes No

Contact information for study club: _____

Dentist's Name: _____ Date: _____