



"Quality is our lifeline"

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For CDO Use: Date: _____
 Company: _____
 Notes: _____

CLIENT PREFERENCES

CLIENT INFORMATION

Dentist / Laboratory: _____ Date _____

OCCLUSION		CONTACTS		
<input type="checkbox"/> In Occlusion <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Ideal Occlusion <input type="checkbox"/> Match Existing	If Insufficient Occlusal Clearance... <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing	Normal 	Heavy & Broad 	Point

Gingival Embrasure: <input type="checkbox"/> Smooth Emergence <input type="checkbox"/> Open <input type="checkbox"/> Closed	MARGIN DESIGN			
	<input type="checkbox"/> Lingual Metal	<input type="checkbox"/> No Metal	<input type="checkbox"/> Porcelain Margin	<input type="checkbox"/> Small Metal

PONTIC DESIGN				
<input type="checkbox"/> Point Contact	<input type="checkbox"/> No Ridge	<input type="checkbox"/> Standard (Modified Ridge)	<input type="checkbox"/> No Contact	<input type="checkbox"/> Below Ridge (Bullet)

CERAMIC SHADE

Cracklines : Light Medium Dark

Translucency: Minimum Moderate Maximum

Shine/Gloss: High Shine Dull

Mammellons: Highly Visible Somewhat Visible None

Surface Texture: Smooth Heavy

Use Vita/Bioform Shade Guide

SPECIAL INSTRUCTIONS

See back for additional instructions and/or sketches

