

MORSE DENTAL LABORATORY DOCTOR PREFERENCE SHEET

Name: _____

Phone Number: _____ Date: _____

E-mail: _____

Trays: Solid Perforated

Baseplate: Acrylic Vacuum Formed

Set Up Procedure:

Midline As Marked Follow Papilla Follow Opposing Midline

Set-up: Ideal Aesthetic

Procedure For Immediate: Normal Trim Socket Surgical Tray

Palatal Relief: Yes No

Palate: Smooth Anatomical

Finish: Festooned Stippled Smooth

Preferred Clasp Design: _____

Post Dam Style: Butterfly Bead

Special Instructions: _____

Morse Dental Laboratory Inc.

211 Third Street Fairport, Ohio 44077

(440) 639-1078 (888) 738-0715

www.MorseDentallab.com