



A Full Service Dental Lab.

Dear Doctor:

To DTS is very important that we make your restorations according you 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 your preferences in the system and every time you send us a case we make sure in our quality control that we follow every step.

Doctor's Name :: _____

DTS 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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