



GENERAL INFORMATION:

Dr. Name _____

Name of Practice _____

Address _____

City _____

State _____ ZIP _____

Phone # _____

Fax # _____

Email _____

Doctor's Birthday _____

Website _____

OFFICE HOURS:

M: ___/___ T: ___/___ W: ___/___ TH: ___/___ F: ___/___ S: ___/___

Emergency # _____

OFFICE CONTACTS FOR:

Billing Questions _____

Scheduling Questions _____

Office Manager _____

Doctor's Assistant _____

METHOD OF PAYMENT:

Statement 30 Days

Credit Card Ending in _____

COD

DOCTOR PREFERENCES:

What is your preferred type of alloy for PFM cases?

Non-Precious

Semi-precious

What is your preferred type of alloy for cull-cast cases?

Y+ Semi Precious

AG52

AG58

JRVT

Contacts:

Normal

Light

Heavy

Occlusion:

Light

Normal

Foiled

Out of Occlusion

Occlusal Stain:

None

Light

Medium

See Photos

Margin Type:

Chamfer

Feather

Shoulder

Beveled Shoulder

If occlusal clearance is an issue, how would you prefer us to correct this?

Call Doctor

Reduce Prep

Send Reduction Coping

Relieve Opposing

Metal Occlusal

Can we make these selections a permanent note in your record for future cases?

Yes

No

Pontic Design:

Sanitary

Bullet

Ovate

Half Ridge Lap

Full Ridge Lap

Porcelain Finish:

Surface Texture Smooth

Moderate

Heavy