

GENERAL INFORMATION:

Doctor's Name _____
First MI Last

Doctor's License # _____

Practice Name _____

Website _____

Address _____

City _____ State _____ ZIP _____

Phone # _____

Email _____

Opt in for Case Status Daily Emails

OFFICE CONTACTS FOR:

Scheduling Questions _____ Phone # _____

Office Manager _____ Phone # _____

Doctor's Assistant _____ Phone # _____

Technical/Clinical Questions? _____ Phone # _____

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

Emergency # _____

BILLING INFORMATION:

Main Contact _____ Phone # _____

Name of person or company legally responsible for paying account balance: _____
 _____ Phone # _____

Billing Email _____ Opt in for statement emails
(Billing email will only be used for statements.)

Billing Address (if Different) _____

City _____ State _____ Zip _____

PREFERRED METHOD OF PAYMENT:

Statement Pay (Check) Statement Pay (Credit Card) COD

SPECIALTY:

General Dentist Periodontist Pediatrics/Pedodontist Cosmetic Dentistry
 Orthodontist Prosthodontist Endodontist

DO YOU HAVE AN INTRA-ORAL SCANNER?

Yes No No, but interested

IF YES, WHAT KIND?

3M True Definition 3Shape Trios Cadent iTero
 DDX(Carestream/E4D) Sirona Cerec Other _____

REFERRED BY:

Website Current Customer _____
 Advertisement Word of Mouth Direct Mail Other: _____

TERMS:

The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Accounts with outstanding balances over 45 days will be subject to C.O.D. status. If you have any questions please contact Kathy Henley at kathy.henley@oralartsdental.com

SEE REVERSE

Doctor Preference Form

FIXED

REMOVABLE

Occlusion with a close bite:

- Call Doctor*
- Trim Opposing
- Trim Prep w/Reduction Coping
- Trim Prep w/o Reduction Coping
- Other: _____

Occlusion Options:





- Centric (0 mm out of occlusion)
- Light Centric (0.2 mm out of occlusion)
- Out of occlusion* (0.35 mm out of occlusion)
- Way out of occlusion (0.5 mm out of occlusion)

Denture Tooth Preference:

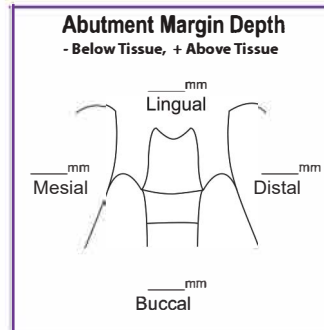
- Economy*
- Premium

Pontic Design:

Pontics (circle preference)

	No Contact		Modified Ridge*
	Full Ridge		Point Contact

Implant Abutment Margin Depth:



Lab Defaults: *

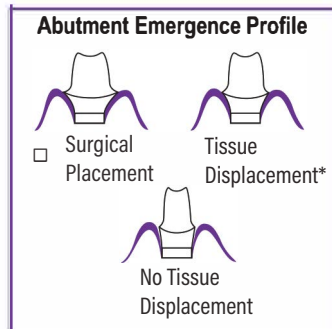
Buccal
-1mm

Lingual
Crest of Tissue

Interproximals
-.25mm

Other: _____

Implant Abutment Tissue Displacement:



Other: _____

*Lab default, used if not specified

Denture Finish:

- No Palatal Rugae*
- Stippled
- Festooning

Cast Partial Frame Design:

- Lab Design*
- Doctor Design - do not change w/o calling dr.

NightGuard Finish:

- Full Arch Coverage*
- Anterior Coverage
- Open Anterior
- Anterior Ramp