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New Client Information & Preferences

In our ongoing efforts to provide the highest quality restorations and customer service to our clients, we ask that you take a few moments to complete this questionnaire for our future reference.

Doctor Name _____ Phone # _____

Address _____ Fax # _____

City,St,Zip _____ E-Mail _____

Hours: Mon _____ Tues _____ Wed _____ Th _____ Fri _____ Sat _____

Contact for: Billing Questions _____ Scheduling Questions _____ Technical Questions _____

Preferred method of payment _____

Doctor's Birthday _____ Alternate pick-up and delivery site _____

Vacation Schedule _____

Holiday Schedule _____

List Problem(s) with Previous Lab _____

DOCTOR PREFERENCES

What is your preferred type of alloy for Porcelain Fused to Metal cases?

- Non-Precious White Noble (Semi-Precious) Yellow High Noble

What is your preferred type of alloy for All Metal (Full Cast) cases?

- Non-Precious (White Color) Semi-Precious (White Color) Precious Gold (Yellow Color)

Contacts Normal Broad Light Heavy

Occlusion Light Heavy Open

Occlusal Staining None Light Medium Heavy

Type of Margin Normally Used Chamfer Feather Shoulder Beveled Shoulder

If occlusal clearance is a problem, what would be your preferred method of correction?

- Metal Occlusal Reduce Prep Reduction Coping w/ Preparation Reduction Relieve Opposing

Can we make this a permanent note for future cases? Yes or No

Additional Instructions or Comments _____
