



GENERAL INFORMATION:

Dr. Name _____
First MI Last

Name of Practice _____

Address _____

City _____

State _____ ZIP _____

Phone # _____

Fax # _____

E-mail _____

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:

- COD
- Statement 20 Days
- Credit Card ending in _____

DOCTOR PREFERENCES

What is your preferred type of alloy for PFM cases?

- Non-precious
- Semi-precious

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

- Non-precious (white)
- Non-precious (yellow)
- Semi-precious (white)
- Full-cast gold (yellow)

Contacts

- Normal
- Light
- Heavy

Occlusion

- Light
- Normal
- Foiled
- Out of Occlusion

Occlusion Staining

- None
- Light
- Medium
- See Pictures

Type of Margin

- Chamfer
- Feather
- Shoulder
- Beveled Shoulder

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

- Call Doctor
- Reduce Prep
- Send Reduction Coping
- Relieve Opposing
- Metal Occlusal

Can we make this a permanent note for your future?

- Yes
- No

Pontic to Tissue Design

- Ridge Lap
- Modified Ridge Lap
- No Ridge
- Point Contact
- High Water (Sanitary)

Porcelain Finish:

- Surface Texture Smooth Moderate Heavy
- Glazing Low Moderate Heavy

Post & Core Copings

- Post/core as unit
- Core as separate unit

