



Doctor Information and Preference Form

We would like to provide you with the highest quality service and we believe the best way to do that is by gathering as much information about your practice & preferences as possible. Please fill out the following form and fax to us at 208-528-5443.

Dr. Name _____ Phone #: _____
Practice Name: _____ Alternate Phone #: _____
E-mail: _____ Fax #: _____
Shipping Address: _____ Billing Address: _____

Office Hours: _____

I prefer to:

- Pay my bill by check each month for the current monthly balance
 Pay By Credit Card (run automatically call me with balance to run I will call to run)

Type(s) of Impression Material used: _____

Type(s) of Articulator: _____

Please use the following preferences, unless marked differently on the RX Form

Alloys - Ceramic

- High Nobel Yellow Gold High Nobel Nobel Predominately Base

Alloys - Gold

- High Nobel Yellow Gold High Nobel White Gold

For insufficient occlusal clearance please do the following:

- Reduce the opposing & mark Reduce the prep and make reduction coping
 Call to discuss options Do what you feel is best and let me know

Occlusion Preference

- Light Medium Heavy/ Comments: _____

Proximal Contacts

- Light Medium Heavy / Comments: _____

Anterior Facial Margins for PFM's

- All-Porcelain Margin Porcelain to Metal Margin (no metal showing)

Metal Design / Comments: _____

- No Collar Small Lingual Collar Small Lingual & Buccal Collar Metal Lingual/Occlusal

Doctors Signature: _____ License #: _____ Date: _____

