

## GENERAL INFORMATION

Doctor's Name \_\_\_\_\_

Doctor's License # \_\_\_\_\_  
First MI Last

Practice Name \_\_\_\_\_

Doctor's Birthday \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Opt in for Case Status Daily Emails

Opt in for R-dent Monthly Newsletter

## REFERRED BY

Website  Current Customer \_\_\_\_\_

Advertisement  Word of Mouth  Other \_\_\_\_\_

## OFFICE HOURS:

M: \_\_\_/\_\_\_ T: \_\_\_/\_\_\_ W: \_\_\_/\_\_\_ TH: \_\_\_/\_\_\_ F: \_\_\_/\_\_\_ S: \_\_\_/\_\_\_

Emergency # \_\_\_\_\_

## OFFICE CONTACTS FOR

Scheduling Questions \_\_\_\_\_

Office Manager \_\_\_\_\_

\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Doctor's Assistant \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## BILLING INFORMATION

Main Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_  Opt in for Invoice/Daily

Emails \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Do you want to be billed Sales & Use Tax on your invoices?  YES  NO

## PREFERRED METHOD OF PAYMENT

COD

Statement Pay (Check)

Statement Pay (Credit Card)

Send Automatic Payment Authorization Form **(EARN R-DENT REWARDS!)**

## CONTACT INFORMATION

Who do we contact for technical/clinical questions?

Can we email or text the dentist with case questions?  YES  NO

If so, please provide cell & Email address:

Cell \_\_\_\_\_ Email \_\_\_\_\_

## TERMS

Invoices are due in full net 30 from invoice date. If not paid in 30 days, account is subject to 1.5% finance charge per month of unpaid balance (approximately 18% annual percentage rate). If not paid within 60 days, attorney fees, cost of collection, and continuing interest shall be added.

## REMOVABLES

### Denture Tooth Preference

Lab default \* (Kulzer Mondial)

Basic Line (Kulzer Artic)

Use \_\_\_\_\_ denture teeth brand

### Acrylic Processing

Press Pack Lucitone 199\*

Ivocap Injection Processing

### NightGuard Finish

Full Arch Coverage\*

Open Anterior

Anterior Coverage

### Denture Finish

Festooned Ivocap Injection Processing\*  No Rugae Palate\*

Not Festooned

Rugae Palate

Stippled

### Cast Partial Frame Design

Lab Design

Doctor Design - do not change without calling doctor

## FIXED

### Die Spacer

- 2 Coats (30  $\mu$ )\*  1 Coat (15  $\mu$ )
- None  \_\_\_\_\_ coat(s)

### Occlusal Contact (Articulation blue paper:~30 $\mu$ )

- Tight (Touching Opp) \_\_\_\_\_ # of Articulation blue paper
- Light occlusal (1/4mm out)\* \_\_\_\_\_ # of Articulation blue paper or 0.3mm
- Out of occlusion (1/2mm out) \_\_\_\_\_ # of Articulation blue paper or 0.5mm

### Interproximal Contact (Articulation red paper:12 $\mu$ - Coltene/Whaledent)

- Light \_\_\_\_\_ # of Articulation red paper
- Medium\* \_\_\_\_\_ # of Articulation red paper
- Heavy \_\_\_\_\_ # of Articulation red paper

### Gingival Embrasure

- Nature for both anterior & posterior\*  Closed for both anterior & posterior
- Closed for anterior, open for posterior  Open for both anterior & posterior

### Occlusal Stain

- (Brown) (Orange)
- Light\*  None  Light\*  None
  - Medium  Heavy  Medium  Heavy

### Gingival Stain

- Light\*  None
- Medium  Heavy

### Pontic Design

- Full Ridge\*  Modify Ridge  No Contact  Point Contact  Pontic in Socket



- Scrap pontic areas on working model\*
- Only scrap pontic areas on solid model
- Do not touch pontic areas

### If Margin Unclear

- Contact for discussion\*  Do the best to trim (no guarantee)
- Send back  Require new impression

### If Occlusal Space Is Needed

- Contact for discussion\*  Make metal island
- Adjust opposing tooth  Make metal occlusal
- Adjust prep & make reduction coping in resin  Adjust prep & mark die

### Path of Insertion

- Contact for discussion\*  Adjust & mark adjacent teeth (if problem)
- Adjust prep & make reduction (no guarantee)  Do not adjust - make as is (no guarantee)

### No Bite Enclosed or Not Sure (enclosed bite/impression is correct)

- Use impression for bite\*  Hand mount
- Contact office and send case for dentist to verify/mount

### Preparation too Bulky, Undercut or Bridge not Parallel

- Adjust prep & make reduction coping\*  Adjust and mark in red
- Do not adjust - make as is (no guarantee)  Contact for discussion

### Adjacent Tooth Undercut

- Adjust adjacent and mark in red\*  Contact for discussion
- Do not adjust - make as is (no guarantee)

### No Bite Enclosed or provided bite feedback inadequate

- Hand mount\*  Fixed cases
- Make ideal (no guarantee)  Contact for discussion

### Rx Requested Porcelain Butt Margin, but No Shoulder Margin Prepared

- Ignore the instruction make "no show metal"\*  Contact for discussion
- Still proceed (no guarantee)

### Implant Abutment

- Adjust as needed\*  Contact for discussion
- Do not adjust, just process as is (no guarantee)

### Crown Under a Partial (optional)

- Will provide partial for entirety of fabrication process
- Will provide single tray full-arch impression with partial impressed, and will temporarily provide partial until matrix is fabricated

## SPECIAL INSTRUCTIONS

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