



GENERAL INFORMATION

Doctor's Name _____
First MI Last
Doctor's License # _____
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 * (Dentsply Portrait)
- Basic Line (Dentsply Classic)
- 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 μ)* 1 Coat (15 μ)
- None _____coat(s)

Occlusal Contact (Articulation blue paper:~30 μ)

- 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 μ - 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
