

## GENERAL INFORMATION

Doctor's Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

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

Doctor's License # \_\_\_\_\_ 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 # \_\_\_\_\_

## CONTACT INFORMATION

### Scheduling Questions

Name \_\_\_\_\_

Email \_\_\_\_\_

### Technical Questions

Name \_\_\_\_\_

Email \_\_\_\_\_

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

If so, please provide:

Cell # \_\_\_\_\_

Email \_\_\_\_\_

## BILLING INFORMATION

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

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

Email \_\_\_\_\_  Opt-In for Invoice/Daily Emails

## BILLING INFORMATION CONT.

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

Statement Pay (Check)  Statement Pay (Credit Card)

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

## 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.

## FIXED

### Cement Gap

.08mm\*  \_\_\_\_\_ mm

### Occlusal Contact (*Articulation blue paper: .03mm*)

Tight (Touching Opp)  
 Out of occlusion (1/2mm out)\*

### Interproximal Contact (*Articulation red paper: .012mm - Coltene/Whaledent*)

Light \_\_\_\_\_ # of Articulation red paper  
 Medium (.04mm) \_\_\_\_\_ # 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

### 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

