

GENERAL INFORMATION

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Doctor's Name First MI Last	Billing Address (if different)
Practice Name	CityState ZIP
Doctor's License #Doctor's Birthday	Do you want to be billed Sales & Use Tax on your invoices? ☐ YES ☐ NO
Website	PREFERRED METHOD OF PAYMENT
Address	☐ Statement Pay (Check) ☐ Statement Pay (Credit Card)
CityStateZIP	☐ Send Automatic Payment Authorization Form (EARN R-DENT REWARDS!)
Phone #Fax #	a Send Automatic Layment Authorization Form (LANTA R-DENT NEVARIOS.)
Email	TERMS
☐ Opt-In for Case Status Daily Emails ☐ Opt-In for R-Dent Monthly Newsletter	Invoices are due in full net 30 from invoice date. If not paid in 30 days, account is subject to 1.5%
REFERRED BY	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.
□ Website □ Current Customer	
Advertisement Word of Mouth Other	FIXED
- Advertisement - D word of Modeli - D other -	Cement Gap
OFFICE HOURS	□ .08mm* □mm
M:/ T:/ W:/ TH:/ F:/ S:/	Occlusal Contact (Articulation blue paper: .03mm)
Emergency #	☐ Tight (Touching Opp)
CONTACT INFORMATION	☐ Out of occlusion (1/2mm out)*
	Interproximal Contact (Articulation red paper: .012mm - Coltene/Whaledent)
Scheduling Questions	☐ Light# of Articulation red paper
Name	☐ Medium (.04mm)# of Articulation red paper☐ Heavy# of Articulation red paper
Email	# of At decidation red paper
Technical Questions	Gingival Embrasure
Name	 □ Nature for both anterior & posterior* □ Closed for both anterior & posterior □ Open for both anterior & posterior
Email	
Can we email or text the dentist with technical questions? ☐ YES ☐ NO	Pontic Design ☐ Full Ridge ☐ Modify Ridge* ☐ No Contact ☐ Point Contact ☐ Pontic in Socket
If so, please provide:	☐ Full Ridge ☐ Modily Ridge* ☐ No Contact ☐ Point Contact ☐ Pontic in Socket
Cell #	
Email	
BILLING INFORMATION	
Main Contact	☐ Scrap pontic areas on working model*
Phone #Fax #	Only scrap pontic areas on solid modelDo not touch pontic areas
Email	

Note: *Default, if not specified.

FIXED CONT. **ADDITIONAL SERVICES** If Margin Unclear Crown Under a Partial (optional) □ Contact for discussion* ☐ Do the best to trim (no guarantee) ☐ Will provide partial for entirety of fabrication process ☐ Send back ☐ Require new impression ☐ Will provide single tray full-arch impression with partial impressed, and will temporarily provide partial until matrix is fabricated If Occlusal Space Is Needed ☐ Contact for discussion* □ Make metal island SPECIAL INSTRUCTIONS ☐ 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 Bite Enclosed or Not Sure (enclosed bite/impression is correct) ☐ Hand mount Use impression for bite* ☐ Contact office and send case for dentist to verify/mount **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 **REMOVABLES Denture Tooth Preference** ☐ Premium (Lab Default) □ Economy Teeth Brand (If Preference): ___ NightGuard Finish ☐ Full Arch Coverage* ☐ Open Anterior □ Anterior Coverage **Denture Finish** ☐ No Rugae Palate* □ Stippled □ Not Festooned ☐ Rugae Palate **Cast Partial Frame Design** ☐ Lab Design ☐ Doctor Design (do not change without calling doctor) **IMPLANTS Abutment Type** ☐ Screw-Retained Abutment* ☐ Cement-Retained Abutment Limit one coupon per doctor. May not be combined with any other offer. No cash value. Return this completed Doctor's Preference guide to receive \$25 off your next R-dent case.

□ Non-OEM Components (for lower pricing)

Coupon Code: DRPREF

Note: *Default, if not specified.

Manufacturer Request

☐ OEM Components*