ALLAMERICAN DENTAL LAB

GENERAL INFORMATION

Doctor's Name _____
First MI Last

Doctor's License # _____

Practice Name _____

Doctor's Birthday _____

Website _____

Address _____

City _____ State _____ ZIP _____

Phone # _____ Fax # _____

Email _____

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 _____

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

☐ Credit Card

Credit Card Type: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Security Number: _____

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.

SELECT CASE PREFERENCES ON NEXT PAGE >

Note: *Default, if not specified.

Continued next page ›

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 anterior, open for posterior
- ☐ Closed for both anterior & posterior
- ☐ Open for both anterior & posterior

Occlusal Stain
(Brown)
- ☐ Light*
- ☐ Medium
- ☐ None
- ☐ Heavy

(Orange)
- ☐ Light*
- ☐ Medium
- ☐ None
- ☐ Heavy

Gingival Stain
- ☐ Light*
- ☐ Medium
- ☐ None
- ☐ 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*
- ☐ Send back
- ☐ Do the best to trim (no guarantee)
- ☐ Require new impression

If Occlusal Space Is Needed
- ☐ Contact for discussion*
- ☐ Adjust opposing tooth
- ☐ Adjust prep & make reduction coping in resin
- ☐ Make metal island
- ☐ Make metal occlusal
- ☐ Adjust prep & mark die

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

No Bite Enclosed or Not Sure (enclosed bite/impression is correct)
- ☐ Use impression for bite*
- ☐ Contact office and send case for dentist to verify/mount
- ☐ Hand mount

Preparation too Bulky, Undercut or Bridge not Parallel
- ☐ Adjust prep & make reduction coping*
- ☐ Do not adjust - make as is (no guarantee)
- ☐ Adjust and mark in red
- ☐ Contact for discussion

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

No Bite Enclosed or provided bite feedback inadequate
- ☐ Hand mount*
- ☐ Make ideal (no guarantee)
- ☐ Fixed cases
- ☐ Contact for discussion

Rx Requested Porcelain Butt Margin, but No Shoulder Margin Prepared
- ☐ Ignore the instruction, make "no show metal"*
- ☐ Still proceed (no guarantee)
- ☐ Contact for discussion

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

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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Note: *Default, if not specified.