

NEW CLIENT INFORMATION & PREFERENCES



To provide you the highest level of customer service, we ask that you kindly take a few minutes to provide the following information. All preferences are then stored in your client file on our computer system and printed on every case slip. **Note: Written instructions on the RX will always override preferences.**

Client's Name: _____ Phone: _____ Fax: _____

Address: _____

Email: _____ Cell Phone: _____

Preferred Contact Method (only list if different than above):

Phone Call: _____ Email: _____ Text: _____

Office Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Contact for: Billing _____ Scheduling _____ Technical _____

Preferred Carrier (if outside delivery area): US Mail UPS FedEx Speedee

Payment Method: Check Credit Card-Billing email required: _____

Intraoral Scanner Model: I do not have a scanner Other: _____

Carestream E4D Planmeca CEREC/Sirona iTero Medit Trios True Def

How did you hear about D&S? Mailer Ad Email Web Referred by: _____

FIXED DOCTOR PREFERENCES:

Contacts: Normal Broad Light Heavy

Occlusion: Light Heavy Centric Open

Occlusal Staining: None Light Medium Heavy

Type of Margin Typically Used: Chamfer Feather Shoulder Beveled Shoulder

If occlusal clearance is a problem, what would you prefer?

Always Call to Discuss Metal/Zirconia Occlusal Reduce Prep Relieve Opposing

REMOVABLE DOCTOR PREFERENCES:

Preferred Denture Teeth: Premium Economy **Preferred Finish:** Smooth Stipple

Any instructions for partial frame designs? _____

IMPLANTS DOCTOR PREFERENCES:

Preferred Implant Type: Cement-retained Screw-retained **Tools needed:** Yes No

Additional Instructions or Comments: _____

Doctor's Signature

Date

FM4-43-009-01

Fax, scan and email, or send back with your first case. Remember to update us if preferences change.