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 lis	t if different than above):			
☐Phone Call:				
Office Hours: Mon	Гие Wed	Γhu Fri Sat		
Contact for: Billing	Scheduling	Technical		
Preferred Carrier (if outside deliver	ry area): 🔲 US Mail 🔲 UPS 🗓	□FedEx □SpeeDee		
Payment Method: ☐Check ☐Cr	edit Card-Billing email required: _			
Intraoral Scanner Model: 🔲 I do no	t have a scanner Other:			
☐Carestream ☐E4D Planmeca	a □CEREC/Sirona □iTero	☐Medit ☐Trios ☐True Def		
How did you hear about D&S? □N	1ailer □Ad □Email □Web Re	eferred by:		
FIXED DOCTOR PREFERENCES:				
Contacts:	□Normal □Broad □	Light		
Occlusion:	□Light □Heavy Centr	ric □Open		
Occlusal Staining:	□None □Light □N	Medium □Heavy		
Type of Margin Typically U	Jsed: □Chamfer □Feather □S	Shoulder Beveled Shoulder		
If occlusal clearance is a p	roblem, what would you prefer?			
☐Always Call to Discuss ☐	IMetal/Zirconia Occlusal □Redu	ce Prep Relieve Opposing		
REMOVABLE DOCTOR PREFERENCE	ES:			
Preferred Denture Teeth:	□Premium □Economy Pre	ferred Finish: □Smooth □Stipple		
Any instructions for partia	Il frame designs?			
IMPLANTS DOCTOR PREFERENCES	:			
Preferred Implant Type:	☐ Cement-retained ☐ Screw-reta	ained Tools needed: \(\sigma\) Yes	□ No	
Additional Instructions or Comme	nts:			
		FM4-43-0	009-01	
Doctor's Signature	Date			

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