

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. _____

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: ☐ Carestream/Dexis ☐ CEREC/Sirona ☐ iTero ☐ Medit ☐ Trios

☐ None ☐ Other: _____

Will Doctor Mark Their Own Margins? ☐ Yes ☐ No

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

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

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

REMOVABLE DOCTOR PREFERENCES

Denture Teeth: ☐ Premium ☐ Economy Finish: ☐ Smooth ☐ Stipple

Occlusal Guard Material: ☐ Hard ☐ Soft ☐ Dual Laminate

Preferred Arch for Occlusal Guard: ☐ Upper ☐ Lower

Any instructions for partial frame designs? _____

IMPLANTS DOCTOR PREFERENCES

Implant Restoration Type: ☐ Cement-retained ☐ Screw-retained Tools needed: ☐ Yes ☐ No

Additional Instructions/Comments: _____

Doctor's Signature

Date

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