

Please fill out this form completely so we can provide the best service possible

## Practice Info:

Practice Name:

Ship to Address:

Bill to Address: Same as Ship to Address

Names of Practice Doctor(s):

Dr. Name:	Email:
Dr. Name:	Email:
Dr. Name:	Email:

Bill Practice with cases separated by doctor  
Bill each doctor separately

Regular Office Hours:

Mon:	Tue:	Wed:	Thu:
Fri:	Sat:	Sun:	

Contact Information:

Phone:

Website:

Instagram: ok to shout out great work?

Cell Phones:

Preferred Method of Contact:

OK to contact after hours via cell phone  
How would you like us to contact you:  
Call Text

## Case Preferences:

OCCLUSION:

FIRM - 0.00mm

HEAVY - 0.20mm

LIGHT - 0.35mm (Default)

OUT - 0.50mm

INTERPROXIMAL CONTACTS:

HEAVY: You would rather adjust some

IDEAL: We will design and finish with goal of minimal adjustment (Default)

BROAD: Contact as much of adjacent teeth as possible

PINPOINT: Single point of contact

OCCLUSAL / FACIAL ANATOMY:

DEEP: Defined cusps and ridges, deep occlusal or heavy facial anatomy

SOFT: Softer cusps and ridges, not as defined facial and occlusal anatomy

MATCH ADJACENT: We will design and finish to blend with patient's existing dentition (Default)

IMPLANTS:

Preferred Implant System(s):

Do you place your own implants?

Prefer Screw Retained restorations whenever possible

Prefer custom abutment and cementable crown

Newbie	Some Experience
Very Experienced	Expert

How experienced are you in digital dentistry?

What are the most common issues you have experienced with your lab in the past?

## BILLING INFORMATION:

**Billing Terms:** Our terms are Net 30. A monthly statement will be sent out on the last business day of the month and is due by the last business day of the following month. Finance charges are applied monthly on all balances past due at a rate of 1.5% per month. Balances over 45 days past due will be placed on C.O.D. with case fee plus 25% of past due balance due on delivery. Balances over 90 days past due will be sent to collection agency and incur a collection fee of 50% of past due balance.

Regardless of payment method we must keep a valid credit card on file

### CREDIT CARD TYPE:

VISA

MASTER CARD

AMERICAN EXPRESS

### CARD INFO:

Card Number:

Billing Address:

Name on Card:

Security Code:

Expiration (MM/YYYY)

### AUTO PAY OPTION:

Please charge my card at the end of every month for that month's invoices. A statement will be sent out showing individual case charges and a balance due of \$0.00.

Please charge my credit card on the \_\_\_\_\_ day of the month following statement.