

Doctor Profile & Preferences

Doctor Information

Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
E-mail _____
Website _____

How Can We Help?

What **positive** experiences have you had with our lab or other labs in the past? _____

What **negative** experiences have you had with our lab or other labs in the past? _____

What manner of relationship do you expect to have with your lab? _____

Check all of the items below that would most help improve your practice:

- | | |
|---|---|
| <input type="checkbox"/> Increased Profits | <input type="checkbox"/> Less Stress |
| <input type="checkbox"/> Building a Good Team | <input type="checkbox"/> Technical Training |
| <input type="checkbox"/> More Satisfied Patients | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Less Chair Time at Insertion | |
| <input type="checkbox"/> Practice Management Support | |
| <input type="checkbox"/> Increasing Cosmetic Cases | |
| <input type="checkbox"/> Other _____ | |
- _____

Special Instructions For Crown & Bridge Cases

Size and Location of Metal Collars _____

Occlusion (EX: Out of Occlusion .5mm) _____

Special Amounts of Die Spacer (Normal is Two Coats)

Interproximal Contacts (EX: Broad) _____

Who Should We Be In Contact With Questions?

Technical Questions _____
Shipping Dates _____
Billing _____

How Would You Prefer to Be Contacted?
 Phone Fax E-mail