

**TDL Doctor Information & Preference Form**

Please take a minute to fill out the following form. This form assures our lab will provide the highest quality service and allows us to know the preferences of our clients when planning, designing, and delivering the restorations. Thank you and please do not hesitate to call with any questions or concerns you may have. You can fax this form to us at 208.322.2325

Dr. Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Doctor Birthday: \_\_\_\_\_

**I prefer to:**

Pay my bill by check each month for the current monthly balance

Pay By Credit Card (  run automatically  call me with balance to run  only run when I call )

*Please use the following preferences, unless marked differently on the RX Form*

**Alloys - Ceramic**  High Nobel Yellow Gold  High Nobel  Nobel  Predominately Base

**Alloys - Gold**  High Nobel Yellow Gold  High Nobel White Gold  2% Y+ Gold

**For insufficient occlusal clearance please do the following:**

Reduce the opposing & mark  Reduce the prep and make reduction coping

Call to discuss options  Do what you feel is best and let me know

**Occlusion Preference**

Light  Medium  Heavy/ Comments: \_\_\_\_\_

**Proximal Contacts**

Light  Medium  Heavy / Comments: \_\_\_\_\_

**Anterior Facial Margins for PFM's**

All-Porcelain Margin  Porcelain to Metal Margin (no metal showing)

**Metal Design**

No Collar  Small Lingual Collar  Small Lingual & Buccal Collar  Metal Lingual/Occlusal

Comments: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_\_