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NEW CLIENT INFORMATION & PREFERENCES

In our ongoing efforts to provide the highest quality restorations and customer service to our clients, we ask that you take a few moments to complete this questionnaire for our future reference.

Name _____ Phone _____

Address _____ Fax _____

City, State, Zip _____ Email _____

Hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Assistant(s) Name(s) _____

Office Contact for:

Billing _____ Scheduling _____ Technical _____

Doctor's Birthday _____

Any Problem(s) with Previous Lab _____

DOCTOR PREFERENCES (Can we make these permanent notes for future cases?) Yes NO

What is your preferred impression material? _____

What is your preferred type of alloy for Porcelain Fused Metal cases?

Non-Precious Semi-Precious White High Noble Yellow High Noble

What is your preferred restoration type for all-ceramic cases?

e.max Full Zirconia Crown Porcelain fused to Zirconia

What is your preferred type of alloy for All Metal (Full Cast) cases?

Non-Precious (White) Semi-Precious (White) Full Cast Gold (Yellow)

Contacts Normal Broad Light Heavy

Occlusion Out of Occlusion Light Normal Heavy

Occlusal Staining None Light Medium Heavy

Type of Margin Normally Used Chamfer Feather Shoulder Beveled Shoulder

If occlusal clearance is a problem, what would be your preferred method of correction?

Metal Occlusal Reduce Prep Send Reduction Coping Relieve Opposing Call Doctor

Any Additional Comments:
