DOCTOR PROFILE ACCOUNT APPLICATION

Please email to **ward@microdental.com** or return this with your first case.

DOCTOR'S INFORMATION

Date

Doctor Name

Address

City/State/Zip

Phone | Alternate Phone

Fax | Email

Office Days (M/T/W/TH/F) | Hours

Office Contact Person | Dual Offices: ❍ Yes ❍ No

License # | State

TYPE OF BUSINESS

❍ Sole Proprietorship ❍ Partnership ❍ Corporation ❍ LLC

FEIN #

OWNERS/CORPORATE OFFICERS/PARTNERS

Name #1

Address

City/State/Zip

Phone | Email

Name #2

Address

City/State/Zip

Phone | Email

ASSOCIATES

AUTOMATIC PAYMENT OPTION

(By entering this information, you are authorizing MicroDental to charge your credit card for the prior month's balance on the 10th day of each month.)

❍ Visa ❍ MasterCard ❍ American Express ❍ Discover

Card # | Exp. Date ____/____

Name (as it appears on card)

Billing Address (if different from shipping address)

ACCOUNT AUTHORIZATION & AGREEMENT

Customer shall pay for the products ordered pursuant to the payment terms of net 30 days from the date of the invoice or as otherwise stated on each invoice. Customer agrees to pay the amount of any taxes resulting from purchases. If payment is not made to MicroDental in accordance with the payment terms set forth, MicroDental may add a 1.5% finance charge per month for any unpaid balance and the Customer shall be liable to MicroDental for all reasonable attorney fees and costs incurred by MicroDental to effect collection of any invoice unpaid in whole or part. In addition, MicroDental reserves the right to suspend all future shipments until all payments have been received.

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the agreement terms and asserts authority to apply for this account.

Signature

Date

Lab Use Only
CUSTOMER #

DOCTOR PROFILE ALL-CERAMIC & PFM PREFERENCES

ALL-CERAMIC RESTORATIONS

PONTIC DESIGN
- ❍  Full Ridge Lap
- ❍  Modified Ridge Lap
- ❍  Oval/Conical
- ❍  Sanitary/Hygenic

OCCLUSAL CLEARANCE
- ❍ 200 Micron Paper (out of occlusion)
- ❍ 100 Micron Paper (light occlusion)
- ❍ 40 Micron Paper (medium occlusion)
- ❍ 16 Micron Paper (tight occlusion)

OCCLUSAL STAIN
- ❍ None
- ❍ Yellow
- ❍ Ochre
- ❍ Brown
- ❍ Black

TISSUE RELIEF
- ❍ None
- ❍ Light
- ❍ Heavy

TYPE OF ARTICULATOR _____

CONTACTS
- ❍ Normal
- ❍ Light
- ❍ Tight
- ❍ Wide/Broad

IF INADEQUATE CLEARANCE
- ❍ Reduce Opposing
- ❍ Please Call
- ❍ Reduction Coping

PFM RESTORATIONS

PONTIC DESIGN
- ❍  Full Ridge Lap
- ❍  Modified Ridge Lap
- ❍  Oval/Conical
- ❍  Sanitary/Hygenic

PORCELAIN-TO-METAL
- ❍ Semi-Precious
- ❍ High Noble White
- ❍ High Noble Yellow

ALL METAL
- ❍ Gold Crown
  - ❑ Med. Gold Content
  - ❑ High Gold Content
- ❍ Inlay/Onlay
  - ❑ Med. Gold Content
  - ❑ High Gold Content

OCCLUSAL CLEARANCE
- ❍ 200 Micron Paper (out of occlusion)
- ❍ 100 Micron Paper (light occlusion)
- ❍ 40 Micron Paper (medium occlusion)
- ❍ 16 Micron Paper (tight occlusion)

OCCLUSAL STAIN
- ❍ None
- ❍ Yellow
- ❍ Ochre
- ❍ Brown
- ❍ Black

TISSUE RELIEF
- ❍ None
- ❍ Light
- ❍ Heavy

CONTACTS
- ❍ Normal
- ❍ Light
- ❍ Tight
- ❍ Wide/Broad

METAL DESIGN
- ❍ Collarless (used unless specified)
- ❍ Metal Band 360 degree
- ❍ Lingual Band Only
- ❍ Metal Band in Embrasures
- ❍ Porcelain Butt Margin
- ❍ Metal Lingual on Anteriors (wherever necessary)
- ❍ Metal Occlusal

IF INADEQUATE CLEARANCE
- ❍ Reduce Opposing
- ❍ Reduction Coping
- ❍ Please Call

CLINICAL EDUCATION QUESTIONNAIRE

I am interested in attending a program on:
- ❍ Case Presentation & Acceptance
- ❍ Materials Overview
- ❍ Cosmetic Dentistry/Smile Design
- ❍ Occlusion/Bite Splints
- ❍ Digital Impressions
- ❍ Practice Management
- ❍ Digital Technology
- ❍ Sleep Dentistry
- ❍ Implant Planning & Placement
- ❍ Infection Control/OSHA
- ❍ Photography & Shade-taking Techniques

Preferred Format:
- ❍ Workshop (in Brighton)
- ❍ Lecture (in Brighton)
- ❍ Combination (workshop/lecture)
- ❍ Webinar

Preferred Months:
- ❍ January
- ❍ February
- ❍ March
- ❍ April
- ❍ May
- ❍ June
- ❍ July
- ❍ August
- ❍ September
- ❍ October
- ❍ November
- ❍ December

Preferred Day(s):
- ❍ Monday
- ❍ Tuesday
- ❍ Wednesday
- ❍ Thursday
- ❍ Friday
- ❍ Saturday
- ❍ Sunday

Preferred Times:
- ❍ Mornings
- ❍ Evenings
- ❍ Both

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WardDentalLab.com
800.833.3865

WARD A MICRODENTAL LABORATORY