OralArts
DENTAL LABORATORIES HUNTSVILLE, ALABAMA

Huntsville: 2700 South Memorial Parkway | Huntsville, AL 35801 | p: 800-354-2075 | f: 256-539-8805 | www.oralartsdental.com
Mobile: 9040 Airport Blvd. | Mobile, AL 36608 | p: 251-633-0150 | f: 251-633-5282 | www.oralartsdental.com

GENERAL INFORMATION:

Doctor's Name _____ (First / MI / Last)

Doctor's License #_____

Practice Name _____

Website _____

Address _____ State _____ ZIP _____

City _____

Phone # _____ Fax # _____

Email _____

☐ Opt in for Case Status Daily Emails

OFFICE CONTACTS FOR:

Is this a cell?

Scheduling Questions _____ Phone # _____ Y/N

Office Manager _____ Phone # _____ Y/N

Doctor's Assistant _____ Phone # _____ Y/N

Technical/Clinical Questions? _____ Phone # _____ Y/N

OFFICE HOURS:

M:___/___ T:___/___ W:___/___ TH:___/___ F:___/___ S:___/___

Emergency # _____

PREFERRED METHOD OF CONTACT:

Check all approved methods of contact:

☐ Text ☐ Email ☐ Call

*We will use the provided contact information completed in the general information and office contacts sections.

REFERRED BY:

☐ Website ☐ Current Customer _____

☐ Advertisement ☐ Word of Mouth ☐ Direct Mail ☐ Other _____

BILLING INFORMATION:

Main Contact _____ Phone # _____

Name of person or company legally responsible for paying account balance:

_____ Phone # _____

Billing Email _____ ☐ Opt in for statement emails
(Billing email will only be used for statements.)

Billing Address (If Different) _____

City _____ State _____ ZIP _____

PREFERRED METHOD OF PAYMENT:

☐ Statement Pay (Check) ☐ Statement Pay (Credit Card) ☐ COD

☐ Send Automatic Payment Authorization Form

SPECIALTY:

☐ General Dentist ☐ Periodontist ☐ Pediatrics/Pedodontist ☐ Cosmetic Dentistry

☐ Orthodontist ☐ Prosthodontist ☐ Endodontist

DO YOU HAVE AN INTRA-ORAL SCANNER?

☐ Yes ☐ No

If Yes, What kind?

☐ 3M True Definition ☐ 3Shape Trios ☐ Cadent iTero

☐ DDX(Carestream/E4D) ☐ Sirona Cerec ☐ Other _____

TERMS:

The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Accounts with outstanding balances over 45 days will be subject to C.O.D. status. If you have any questions please contact Kathy Henley at kathy.henley@oralartsdental.com

SEE REVERSE

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Doctor Preference Form

FIXED

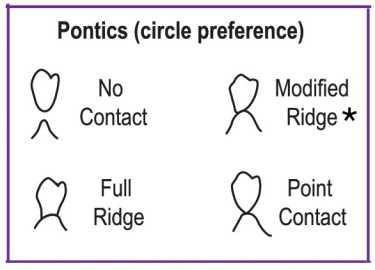
Occlusion with a close bite:

- ☐ Call Doctor*
- ☐ Trim Opposing
- ☐ Trim Prep w/Reduction Coping
- ☐ Trim Prep w/o Reduction Coping
- ☐ Other:_____

Single Unit Crown Occlusion:

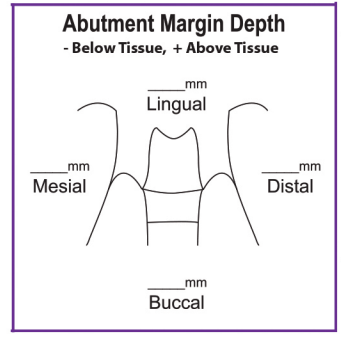
- ☐ Centric (0 mm out of occlusion)
- ☐ Light Centric (0.2 mm out of occlusion)
- ☐ Out of occlusion(0.35 mm out of occlusion)
- ☐ Way out of occlusion (0.5 mm out of occlusion)

Pontic Design:



- ☐ Other:_____

Implant Abutment Margin Depth:



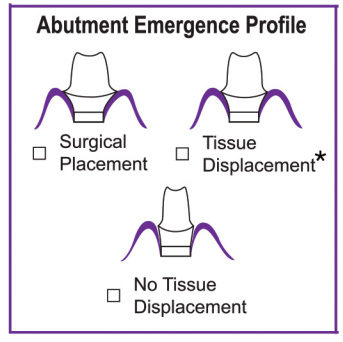
Lab Defaults: *

Buccal
-1mm

Lingual
Crest of Tissue

Interproximals
-.25mm

Implant Abutment Tissue Displacement:



- ☐ Other:_____

*Lab default, used if not specified

REMOVABLE

Denture Tooth Preference:

- ☐ Economy*
- ☐ Premium

Acrylic Processing:

- ☐ Lucitone 199 Acrylic*
- ☐ IvoBase Premium Injection Processing

Denture Finish:

- ☐ No Palatal Rugae*
- ☐ Stippled
- ☐ Festooning

Cast Partial Frame Design:

- ☐ Lab Design*
- ☐ Doctor Design – do not change w/o calling dr.

NightGuard Finish:

- ☐ Full Arch Coverage*
- ☐ Anterior Coverage
- ☐ Open Anterior
- ☐ Anterior Ramp

*Lab default, used if not specified

SEE REVERSE