

DOCTOR PROFILE ACCOUNT APPLICATION

Please return this form to Kelly Foersterling by fax to 925.828.1071 or by email to KFoersterling@microdental.com

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 above) _____

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

Contacts

- Normal
- Light
- Tight
- Wide/Broad

If Inadequate Clearance

- Reduce Opposing
- Please Call
- Reduction Coping

Type of Articulator _____

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

ADDITIONAL INFORMATION

Which CE seminars has doctor attended in the last 2 years? _____

How did Doctor hear about MicroDental? _____

ADA member: Yes/No AGD member: Yes/No AACD member: Yes/No

Graduate: LVI / Pankey / Kois / Spears / Dawson / Other _____

Notes _____
