Dentist Preference Information

Help us better serve you by completing this form and returning it by Fax or Email. Thank you...

Phone: (410) 780-7700
Fax: (443) 772-7701
Email: vicki@friendshipdentallab.com

NADL National Association of Dental Laboratories
"2015 NADL Lab of the Year"

Dentist and Office Information

Doctor Name:	License Number:	
Practice Name:		
Office Address:	Suite Number:	
City:	State:	Zip:
Responsible Party for Billing:		
Contact person for billing or account-related information:		
Contact Email:		
Office Phone:	Doctor Cell:	Office Fax:
Office Hours: **MON:**	**TUES:**	**WED:** **THUR:** **FRI:**
Lunch Schedule:		
Doctor's Birthday (month and day only)		

Dentist's Preferences (please circle all that apply)

*How do you like your **proximal contacts**?* VERY LIGHT LIGHT TIGHT OTHER, _____

*How do you like your **occlusal contacts**?* OUT OF OCCL. LIGHT IN OCCL. OTHER, _____

*Do you always use a certain **grade of alloy**?* YES NO *if so, please specify* _____

*What type of **margins** do you prepare?* CHAMFER SHOULDER BEVEL FEATHER EDGE

*What type of **collars** do you prefer?* _____

*Do you **pre-schedule your patients**? If so, how many days in advance?* _____

How did you find out about our lab? _____

Any Other Preferences