DOCTOR PROFILE ACCOUNT APPLICATION

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

DOCTOR'S	INFORMATION	

ASSOCIATES

Date			
Doctor Name			
Address			
City/State/Zip		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.)	
Phone	Alternate Phone	O Visa O MasterCard O American Express O Discover	
Fax	Email	//	
Office Days (M/T/W/TH/F)	Hours	Card # Exp. Date	
Office Contact Person	_ Dual Offices: O Yes O No	Name (as it appears on card)	
License #	State	Billing Address (if different from shipping address)	
TYPE OF BUSINESS	State	ACCOUNT AUTHORIZATION & AGREEMENT	
	artnership O Corporation O LLC	Customer shall pay for the products ordered pursuant to the payment terms of net 30 days from the date of the invoice or as	
FEIN #	FICERS/PARTNERS	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	
Name #1		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.	
Address		Applicant's signature attests financial responsibility, ability and	
City/State/Zip		willingness to pay invoices in accordance with the agreement terms and asserts authority to apply for this account.	
Phone	Email		
		Signature	
Name #2		Date	
Address			
City/State/Zip		Lab Use Only CUSTOMER #	
Phone	Email		

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MicroDentalHamilton.com 800.263.7250



DOCTOR PROFILE ALL-CERAMIC & PFM PREFERENCES

ALL-CERAMIC RESTORATIONS

PONTIC DESIGN

⊙ 🋱 Full Ridge Lap

O $\stackrel{}{
ightarrow}$ Modified Ridge Lap

- O X Oval/Conical
- O ♡ Sanitary/Hygenic

OCCLUSAL CLEARANCE

O 200 Micron Paper (out of occlusion)
O 100 Micron Paper (light occlusion)
O 40 Micron Paper (medium occlusion)
O 16 Micron Paper (tight occlusion)

PFM RESTORATIONS

PONTIC DESIGN

- ^欠 Full Ridge Lap
- $_{\rm O}$ $_{\rm M}$ Modified Ridge Lap
- $O \square Oval/Conical$
- O ♡ Sanitary/Hygenic

PORCELAIN-TO-METAL

O Semi-Precious O High Noble White O High Noble Yellow

ALL METAL

○ Gold Crown
 □ Med. Gold Content
 □ High Gold Content

○ Inlay/Onlay
 □ Med. Gold Content
 □ High Gold Content

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

OCCLUSAL STAIN

O NoneO YellowO OchreO BrownO Black

TISSUE RELIEF

O None O Light O Heavy

TYPE OF ARTICULATOR ____

OCCLUSAL CLEARANCE

- 200 Micron Paper (out of occlusion)
 100 Micron Paper (light occlusion)
 40 Micron Paper (medium occlusion)
- O 16 Micron Paper (tight occlusion)

OCCLUSAL STAIN

- O None O Yellow
- O Ochre
- O Brown
- O Black

TISSUE RELIEF

O None O Light O Heavy

CONTACTS

O Normal
O Light
O Tight
O Wide/Broad

Preferred Format:

O Workshop (in Hamilton) O Lecture (in Hamilton) O Combination (workshop/lecture) O Webinar

Preferred Months:

O January O February O March O April O May

O June

O July O August O September O October O November O December

CONTACTS

- O Normal O Light O Tight
- O Wide/Broad

IF INADEQUATE CLEARANCE

- O Reduce Opposing O Please Call
- O Reduction Coping

METAL DESIGN

- O Collarless (used unless specified)
- O Metal Band 360 degree
- O Lingual Band Only
- ${\rm O}$ Metal Band in Embrasures
- O Porcelain Butt Margin
- O Metal Lingual on Anteriors (wherever necessary)
- O Metal Occlusal

IF INADEQUATE CLEARANCE

- O Reduce Opposing
- **O** Reduction Coping
- O Please Call

Preferred Day(s):

- \bigcirc Monday
- O Tuesday
- O Wednesday
- O Thursday
- O Friday
- O Saturday
- O Sunday

Preferred Times:

- O Mornings O Evenings
- O Both
- MICRODENTAL HAMILTON · LABORATORY

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