

DR. PREFERENCE: ALL-CERAMIC RESTORATIONS

DATE	ACCOUNT NUMBER
DR. NAME	DUAL OFFICES: <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS	OFFICE DAYS (M/T/W/TH/F) HOURS
	OFFICE CONTACT PERSON
	DR. PHONE

PONTIC DESIGN

Harmony Ovate Ridge Lap

Cone Hygienic

Occlusal Clearance

Out of Occlusion

Foil Relief

Occlusal Stain

None

C-7

C-8

C-9

C-10

Tissue Relief

None

Light

Heavy

Contacts

Normal

Light

Tight

Wide/Broad

OF DIE SPACER COATS

TYPE OF ARTICULATOR

If Inadequate Clearance

Reduce Opposing

Reduction Coping

Call Doctor

DOCTOR'S INFORMATION

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

How did Doctor hear about MicroDental New York?

ADA member: Yes No AGD member: Yes No

AACD member: Yes No LVI graduate: Yes No

AA attendee: Yes No Crown Council: Yes No

NY Dental Forum Member: Yes No

NOTES
