



# GOLDEN DENTAL LAB

## Customer Preferences. Please Complete and Return

Practice Name:			
Shipping Address:			
Billing Address:			
E-mail Address:			
Phone Number:		Fax Number:	
Hours of Operation:		After Hours Number:	
Provider:			
Lead Assistant:			
Office Manager:			
Accounts Payable:			
<u>Monthly Automatic Withdrawal</u>			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<i>* If yes complete the Authorization Form</i>			
<u>E-mail Options</u>		Statements / Receipts <input type="checkbox"/>	
		Laboratory Updates <input type="checkbox"/>	
		Case Correspondence <input type="checkbox"/>	
		Product Information <input type="checkbox"/>	
<u>Account Setup</u>		Practice Account <input type="checkbox"/>	
		Per Provider Account <input type="checkbox"/>	
		Bill-to-Account <input type="checkbox"/>	
Preferred Articulating System:		<i>*If not specified Stratos will be used by default</i>	
Preferred Intraoral System:			
<u>Preferred Implant System:</u>			
Stock/Ti Base <input type="checkbox"/>		Custom <input type="checkbox"/>	
		Zirconia <input type="checkbox"/>	
		Screw Retained <input type="checkbox"/>	
Cement Retained <input type="checkbox"/>		Gold <input type="checkbox"/>	
		Ti <input type="checkbox"/>	
		Screwmentable <input type="checkbox"/>	
<i>* Screw Retained - One piece abutment and crown with access hole.</i>			
<i>* Cement Retained - Crown cemented in patients mouth without access hole.</i>			
<i>* Screwmentable - Option to be cemented in lab or in office. Custom or Stock / Ti Base available.</i>			
<u>Case Design Preferences</u>			
		Zirconia <input type="checkbox"/>	
		Emax <input type="checkbox"/>	
		PFM <input type="checkbox"/>	
		High Noble <input type="checkbox"/>	
		Semi-Precious <input type="checkbox"/>	
		Non-Precious <input type="checkbox"/>	
<u>Occlusion</u>		Equilibrate Model (three is standard) <input type="checkbox"/>	
Cusp Fossa <input type="checkbox"/>		Centric Contact <input type="checkbox"/>	
		Positive Contact <input type="checkbox"/>	
Group Function <input type="checkbox"/>		Lateral Excursion <input type="checkbox"/>	
		Cuspid Guidance <input type="checkbox"/>	
<u>Contacts</u>		Broad <input type="checkbox"/>	
		Normal <input type="checkbox"/>	
		Point <input type="checkbox"/>	
<u>Anatomy</u>		Smooth <input type="checkbox"/>	
		Medium <input type="checkbox"/>	
		Heavy <input type="checkbox"/>	
<u>Anterior</u>		Full Contour <input type="checkbox"/>	
		Layered <input type="checkbox"/>	
<u>Posterior</u>		Full Contour <input type="checkbox"/>	
		Layered <input type="checkbox"/>	
<i>*If not specified Anterior will be Layered and Posterior will be Full Contour by default</i>			

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