

# MACSTUDIO DOCTOR PROFILE ACCOUNT APPLICATION

Please fax or return this with your first case.

## 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 #

# MACSTUDIO DOCTOR PROFILE ALL-CERAMIC & PFM PREFERENCES

## ALL-CERAMIC RESTORATIONS

**Pontic Design**

-  Full Ridge Lap
-  Modified Ridge Lap
-  Oval/Conical
-  Sanitary/Hygenic

**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





**Occlusal Clearance**

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

Type of Articulator \_\_\_\_\_

## PFM 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

**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

**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

**Contacts**

- Normal
- Light
- Tight
- Wide/Broad

## 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 \_\_\_\_\_