

# DOCTOR PROFILE ACCOUNT APPLICATION

Please email to [dimartino@microdental.com](mailto:dimartino@microdental.com) 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 shipping address) \_\_\_\_\_

## 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 #
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# DOCTOR PROFILE ALL-CERAMIC & PFM PREFERENCES

## ALL-CERAMIC 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

### CONTACTS

- Normal
- Light
- Tight
- Wide/Broad

### IF INADEQUATE CLEARANCE

- Reduce Opposing
- Please Call
- Reduction Coping

TYPE OF ARTICULATOR \_\_\_\_\_

## PFM RESTORATIONS

### PONTIC DESIGN

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

### 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

### 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

### CONTACTS

- Normal
- Light
- Tight
- Wide/Broad

### 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

## 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

### Preferred Format:

- Workshop (in Washington)
- Lecture (in Washington)
- Combination (workshop/lecture)
- Webinar

### Preferred Months:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

### Preferred Day(s):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

### Preferred Times:

- Mornings
- Evenings
- Both

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