

# CLIENT PREFERENCE FORM

## PLEASE FILL OUT THIS FORM AND RETURN TO US

DOCTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST, ZIP \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

PLEASE DESIGNATE A CONTACT PERSON THAT WILL HANDLE THE ONGOING RELATIONSHIP WITH US

(NAME) \_\_\_\_\_ (TELEPHONE/MOBILE NO.) \_\_\_\_\_

BILLING CONTACT PERSON: (NAME) \_\_\_\_\_ (TELEPHONE/MOBILE NO.) \_\_\_\_\_

PLEASE INDICATE YOUR BUSINESS HOURS OPEN DURING A NORMAL WORK WEEK:

(MON) \_\_\_\_\_ (TUE) \_\_\_\_\_ (WED) \_\_\_\_\_ (THU) \_\_\_\_\_ (FRI) \_\_\_\_\_ LUNCH \_\_\_\_\_

IN CASE WE NEED TO REACH YOU ABOUT A SPECIFIC CASE, AND YOU ARE NOT IN YOUR OFFICE, PLEASE DESIGNATE TWO ALTERNATE TELEPHONE NUMBERS WHERE YOU MAY BE REACHED.

HOME (\_\_\_\_\_) \_\_\_\_\_ MOBILE/TEXT: (\_\_\_\_\_) \_\_\_\_\_

## PREFERENCE

### OCCLUSAL CONTACTS

HEAVY CONTACT     OUT OF OCCLUSAL     SLIGHTLY OUT     OTHER \_\_\_\_\_

### OCCLUSAL ANATOMY

PRIMARY ONLY     PRIMARY&SECONDARY     NATURAL ANATOMY     OTHER \_\_\_\_\_

### OCCLUSAL STAINING

NONE     LIGHT (ORANGE)     HEAVY (BROWN)     OTHER \_\_\_\_\_

### OCCLUSAL ADJUSTMENT WHEN NEEDED:

METAL OCCLUSAL     REDUCE PREP.     ADJUST OPPOSING     OTHER \_\_\_\_\_

### INTERPROXIMAL CONTACTS

NORMAL     HEAVY & BROAD     NONE     OTHER \_\_\_\_\_

### EMBRASURE SPACING

NORMAL OPENING     WIDE OPENING     CLOSED     OTHER \_\_\_\_\_

### DIE SPACER

LIGHT (ONE COAT)     MEDIUM (TWO COATS)     HEAVY     OTHER \_\_\_\_\_

### PONTIC DESIGN

RIDGE LAP                         OVATE 

OTHERS: NOT MENTIONED ABOVE (PLEASE PRINT) \_\_\_\_\_

By sending work to The Art of Aesthetics or the Lab, I agree: a) All items supplied remain the property of the Lab until payment is received. b) all restorations are constructed to the specification prescribed on the laboratory work ticket. The Lab is not responsible for the suitability of that specification. c) all prices are subject to alteration without prior notice. I am responsible for any additional costs or charges incurred by changing instructions or delivery dates after the Lab accepts the work. d) the Lab holds no responsibility for any mistake due to unclear instructions or lack of information. e) pay the full payment, or there will be an added finance charge of \$40 or 1.98% per month to your total balance, whichever is greater. f) Terms and Conditions on the website [www.theartofaesthetics.com](http://www.theartofaesthetics.com).

