

## New Doctor Info and Preference

Dr. Office / \_\_\_\_\_

**Please check all that apply to you.**

1. What types of crown do you prefer?	<input type="checkbox"/> Layered Zirconia	<input type="checkbox"/> Disillicate / Emax	<input type="checkbox"/> PFM
	<input type="checkbox"/> Full / Monolithic Zirconia	<input type="checkbox"/> Inlay / Onlay / Venner	<input type="checkbox"/> FMC
2. What is your preference on implant type?	<input type="checkbox"/> Screw Retained Type	<input type="checkbox"/> Cement Type	<input type="checkbox"/> UCLA Type
3. What is your preferred implant system?	<input type="checkbox"/> Nobel	<input type="checkbox"/> Straumann	<input type="checkbox"/> Other :

**Please check your general preference of the contact.**

1. Proximal Contact	<input type="checkbox"/> Heavy / Tight	<input type="checkbox"/> Medium	<input type="checkbox"/> Light	<input type="checkbox"/> Very Light / Out of
2. Occlusal Contact	<input type="checkbox"/> Hyper / Tight	<input type="checkbox"/> Medium	<input type="checkbox"/> Light	<input type="checkbox"/> Hypo / Out of

**Please check your preference for the technical issue and communication.**

1. Who should we speak with if there is a technical issue?	<input type="checkbox"/> Doctor Self	<input type="checkbox"/> Front Office Staff * Name :	<input type="checkbox"/> Back Office Staff * Name :
2. What do you want us to do if there is no room or bulkiness?	<input type="checkbox"/> Spot Opposing	<input type="checkbox"/> Adjustment Prep.	<input type="checkbox"/> Reduction Coping <input type="checkbox"/> Call Dr.

**Please check your preference for the statement and payment.**

1. Who should we speak with for the payment?	<input type="checkbox"/> Doctor Self	<input type="checkbox"/> Accounting Department * Name :	<input type="checkbox"/> CPA Office / Association * Name :	<b>Contact # :</b>
2. How do you want to receive the statement?	<input type="checkbox"/> Email * Address :	<input type="checkbox"/> Mail * Address if different with your office :		
3. How do you want to make a payment?	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card * Card # :	<input type="checkbox"/> Auto Pay ( 5th / 15th ) / Exp :	/ Zip Code :
		<b>I want to enroll in auto payment / Signature :</b>		/ Date :

**Thank you for your business and your time!**