



CREATIVE DENTAL LABORATORY, INC

14201 N 87th Street #A-105, Scottsdale AZ 85260, Tel 480-948-0456, Fax 480-443-7666, www.CreativeDentalAZ.com

DENTIST PREFERNCES

Doctor: _____ Date: ____ / ____ / ____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Practice Phone: (____) _____ Fax: (____) _____

Home Phone: (____) _____ Cell: (____) _____

Email Address: _____

1. What problems/issues have you had with other labs?

Shade Fit: _____ Fit: _____

Contacts: _____ Contour: _____

Margins: _____ Service: _____

Occulsion: _____ Other: _____

2. Preferred Contacts: Broad Point Normal Tight Light

3. Occlusal Contact for opposing Teeth: Positive Contact Foil Relief Out of Occlusal

4. What impression material do you use (vinyl, polyether, etc)? _____

5. What type of margin preparation do you use? _____

6. What are your office hours? _____

7. How did you find out about our lab? _____

8. What information made you switch to our lab? _____

9. What else should we know about you? _____

FAX TO 480-443-7666 or RETURN WITH FIRST CASE