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Doctor Information

Dr. _____	Date: / / _____	Practice Name: _____
Address _____		Office contacts for: _____
City: _____	State _____	Zip _____
Phone: () - _____	Fax: () - _____	Billing: _____
Alternate Phone: () - _____		Scheduling: _____
E-mail Address: _____		Office Hours: _____
Website: _____		M T W TH F S
		Doctor's Birthday: _____
		Dental School: _____

Terms

Full payment is due upon receipt of statement. There will be a 2% month service charged for any payment or portion thereof not received with the said 30 days until payment is received in full.

Payment Preference

- Pay my bill by check each month for the current monthly balance
- Pay by Credit Card (process automatically) Call me I will call COD

How did you hear about us?: Sales Rep: (Name) _____ Magazine Website

Referral: (Name) _____ Seminar Other: _____

Advertisement Direct Mail Internet Search Trade Show



Tech/Rep _____ License # _____

Signature _____

Fixed Preferences

Contact	<p>Inter Proximal: <input type="radio"/> Normal <input type="radio"/> Broad <input type="radio"/> Point <input type="radio"/> Light <input type="radio"/> Heavy Notes:</p>	<p>Occlusal: <input type="radio"/> Light <input type="radio"/> Normal <input type="radio"/> Foiled <input type="radio"/> Out of Occlusion Notes:</p>	Occlusal Staining	<p><input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Medium <input type="radio"/> Other Notes:</p>
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Alloys	<p>Ceramic: <input type="radio"/> Noble <input type="radio"/> High Noble Yellow <input type="radio"/> Non Precious <input type="radio"/> High Noble White Notes:</p>	<p>C&B: <input type="radio"/> Noble/Semi Precious <input type="radio"/> Non Precious <input type="radio"/> High Noble Yellow <input type="radio"/> High Noble White</p>	Porcelain Finish Surface Texture	<p><input type="radio"/> Smooth <input type="radio"/> Moderate <input type="radio"/> Other</p>
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Type of Margins	<p><input type="radio"/> Chamfer <input type="radio"/> Feather Edge <input type="radio"/> Shoulder <input type="radio"/> Beveled Shoulder</p>	Metal Design	<p><input type="radio"/> No Collar/ Full Porcelain Coverage <input type="radio"/> Small Lingual Collar <input type="radio"/> Small Lingual & Buccal Collar, <input type="radio"/> Metal Lingual/Occlusal <input type="radio"/> Other</p>	Pontic Design	<p> <input type="radio"/> Ovate <input type="radio"/> Full Ridge Lap <input type="radio"/> Sanitary</p> <p> <input type="radio"/> Bullet <input type="radio"/> Modified Ridge Lap</p>
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If occlusal clearance is a problem, what would your preferred method of correction?

- Call Doctor
 Reduce
 Prep
 Send Reduction Coping
 Relieve Opposing
 Metal Occlusal

Additional Instructions/Comments:

Tech/Rep _____

Signature _____



Removable Preferences

Tray <input type="radio"/> Perforated <input type="radio"/> Non Perforated	Base Plates <input type="radio"/> Vacuum Formed <input type="radio"/> Light Cured	Type of Teeth <input type="radio"/> Yamahachi <input type="radio"/> Ivoclar <input type="radio"/> Dentsply <input type="radio"/> Other	Degree of Cusp <input type="radio"/> 0° <input type="radio"/> 10° <input type="radio"/> 20° <input type="radio"/> 33°
Post Dam <input type="radio"/> Butterfly <input type="radio"/> Normal <input type="radio"/> Bead <input type="radio"/> Heavy <input type="radio"/> Other	Finish <input type="radio"/> Rugae <input type="radio"/> Characterized/Gingival Anatomy <input type="radio"/> Stipple <input type="radio"/> Other	Cast Partial Frameworks <input type="radio"/> Modify Design as Needed <input type="radio"/> Follow Design	
Connector <input type="radio"/> Horseshoe <input type="radio"/> Kennedy Bar <input type="radio"/> Palatal Strap <input type="radio"/> Double Bar (Anterior/Posterior) <input type="radio"/> Lingual Bar		Clasp <input type="radio"/> Clasp as survey indicates <input type="radio"/> RPI <input type="radio"/> Circumferential <input type="radio"/> E-Type CLasp <input type="radio"/> T-Roach Clasp <input type="radio"/> Akers	

Additional comments or instructions:

Tech/Rep _____

Signature _____