



BARKSDALE DENTAL LAB 201 FINNEY DR. S.W. HUNTSVILLE AL, 35824

## GENERAL INFORMATION

Doctor's Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Doctor's License # \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Website \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_

## REFERRED BY

☐ Website ☐ Current Customer \_\_\_\_\_  
☐ Advertisement ☐ Word of Mouth ☐ Other \_\_\_\_\_

## OFFICE HOURS:

M: \_\_\_\_ T: \_\_\_\_ W: \_\_\_\_ TH: \_\_\_\_ F: \_\_\_\_ S: \_\_\_\_

Emergency # \_\_\_\_\_

## OFFICE CONTACTS FOR

Scheduling Questions \_\_\_\_\_  
Office Manager \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Doctor's Assistant \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

## BILLING INFORMATION

Main Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_ ☐ Opt in for Invoice/Daily Emails  
Billing Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
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## PREFERRED METHOD OF PAYMENT

- ☐ COD  
☐ Statement Pay (Check)  
☐ Statement Pay (Credit Card)  
☐ Send Automatic Payment Authorization Form

## CONTACT INFORMATION

Who do we contact for technical/clinical questions?

Can we email or text the dentist with case questions? ☐ YES ☐ NO

If so, please provide cell & Email address:

Cell \_\_\_\_\_ Email \_\_\_\_\_

## TERMS

Invoices are due in full net 30 from invoice date. If not paid in 30 days, account is subject to 1.5% finance charge per month of unpaid balance (approximately 18% annual percentage rate). If not paid within 60 days, attorney fees, cost of collection, and continuing interest shall be added.

## REMOVABLES

### Denture Tooth Preference

- ☐ Labdefault  
☐ Basic Line  
☐ Use \_\_\_\_\_ denture teeth brand

### NightGuard Finish

- ☐ Full Arch Coverage\* ☐ Open Anterior  
☐ Anterior Coverage

### Denture Finish

- ☐ Ivobase Injection Processing\* ☐ No Rugae Palate\*  
☐ Not Festooned ☐ Rugae Palate there will be extra charge  
☐ Stippled

### Cast Partial Frame Design

- ☐ Lab Design  
☐ Doctor Design - do not change without calling doctor

Note: \*Default, if not specified

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## FIXED

### Die Spacer

- ☐ (30  $\mu$ )\* ☐ (15  $\mu$ )
- ☐ None ☐ \_\_\_\_\_ coat(s)

### Occlusal Contact (Articulation blue paper:~30 $\mu$ )

- ☐ Tight (Touching Opp) \_\_\_\_\_ # of Articulation blue paper
- ☐ Light occlusal (1/4mm out)\* \_\_\_\_\_ # of Articulation blue paper or 0.3mm
- ☐ Out of occlusion (1/2mm out) \_\_\_\_\_ # of Articulation blue paper or 0.5mm

### Interproximal Contact (Articulation red paper:12 $\mu$ )

- ☐ Light
- ☐ Medium\*
- ☐ Heavy

### Gingival Embrasure

- ☐ Nature for both anterior & posterior\* ☐ Closed for both anterior & posterior
- ☐ Closed for anterior, open for posterior ☐ Open for both anterior & posterior

### Occlusal Stain

- (Brown) (Orange)
- ☐ Light\* ☐ None ☐ Light\* ☐ None
  - ☐ Medium ☐ Heavy ☐ Medium ☐ Heavy

### Gingival Stain

- ☐ Light\* ☐ None
- ☐ Medium ☐ Heavy

### Pontic Design

- ☐ Full Ridge\* ☐ Modify Ridge ☐ No Contact ☐ Point Contact ☐ Pontic in Socket



### If Margin Unclear

- ☐ Contact for discussion\* ☐ Do the best to trim (no guarantee)
- ☐ Send back ☐ Require new impression

### Limited occlusal space

- ☐ Adjust opposing tooth ☐ Make metal island
- ☐ Adjust prep & make reduction coping in resin ☐ Make metal occlusal
- ☐ Adjust prep & mark die

### Path of Insertion

- ☐ Contact for discussion\* ☐ Adjust & mark adjacent teeth (if problem)
- ☐ Adjust prep & make reduction (no guarantee) ☐ Do not adjust - make as is (no guarantee)

### No Bite Enclosed or Not Sure (enclosed bite/impression is correct)

- ☐ Use impression for bite\* ☐ Hand mount
- ☐ Contact office and send case for dentist to verify/mount

### Preparation too Bulky, Undercut or Bridge not Parallel

- ☐ Adjust prep & make reduction coping\* ☐ Adjust and mark in red
- ☐ Do not adjust - make as is (no guarantee) ☐ Contact for discussion

### Adjacent Tooth in undercut

- ☐ Adjust adjacent and mark in red\* ☐ Contact for discussion
- ☐ Do not adjust - make as is (no guarantee)

### Rx Requested Porcelain Butt Margin, but No Unprepared Margin

- ☐ Ignore the instruction make "no show metal"\* ☐ Contact for discussion
- ☐ Still proceed (no guarantee)

### Implant Abutment

- ☐ Adjust as needed\* ☐ Contact for discussion
- ☐ Do not adjust, just process as is (no guarantee)

## SPECIAL INSTRUCTIONS

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