



1846 W. 169th Street, Suite B Gardena, CA 90247  
 866-517-2233 / 310-715-6424 / 310-715-2630 FAX  
 Email: [contact@atlasdentallab.com](mailto:contact@atlasdentallab.com)  
 Website: [www.atlasdentallab.com](http://www.atlasdentallab.com)

## GENERAL INFORMATION

Doctor's Name: *First* \_\_\_\_\_ *Last* \_\_\_\_\_ *DDS or DMD*  
 Practice Name: \_\_\_\_\_  
 Doctor's License #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_

## REFERRED BY

Website  Current Client: \_\_\_\_\_  
 Email Marketing  Other: \_\_\_\_\_

## OFFICE HOURS

M: \_\_\_/\_\_\_ T: \_\_\_/\_\_\_ W: \_\_\_/\_\_\_ TH: \_\_\_/\_\_\_ F: \_\_\_/\_\_\_ S: \_\_\_/\_\_\_  
 Emergency #: \_\_\_\_\_

## CONTACT INFORMATION

Scheduling Questions:  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Technical Questions:  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Can we email or text the dentist with technical questions?  Yes  No  
 If so, please provide:  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_

## BILLING INFORMATION

Main Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Billing Address (if different): \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_

## BACKGROUND INFORMATION

Why are you looking for a new lab?

- Looking for a higher quality product.  Looking for better communication:  
 Looking for more consistent product:  Technical  Due Date  
 Occl. Contact  Interprox. Contacts  Willing to pay a higher fee for a higher quality product. Quality is my main focus.  
 Shade  Margins  Need more reliable turnaround time than what I am currently receiving.  
 Other \_\_\_\_\_

Do you have a digital Impression Scanner?  Yes  No  
 If yes, which one? \_\_\_\_\_

## FIXED PREFERENCES

What are your usual preferences? (\* indicates lab default)

### Alloy Preference (PFM)

- a. Precious-White  
 b. Semi-Precious-White  
 c. Yellow Ceramic-Med. Yel.  
 d. Non-Precious-White

### Crown Design

- a. Full Porcelain Coverage  e. Metal Occlusal (3/4 Occ)  
 b. Lingual Collar\* \_\_\_\_\_mm  f. Metal Occlusal (Full Occ)  
 c. Mesial Collar \_\_\_\_\_mm  g. Metal Island  
 d. Distal Collar \_\_\_\_\_mm  h. Metal Lingual-Anterior Tooth

### Occl. Contact

- a. Out (0.5mm sub)  
 b. Light\* (0.3mm sub)  
 c. Contact (Touching Opp)

### Inter. Prox. Contact

- a. Light\*  
 b. Medium  
 c. Heavy (Scrape Cast)

### Occlusal Stain

- a. None\*  
 b. Light  
 c. Heavy

### If Occlusal space is needed:

- a. Adjust Opposing Tooth\*  
 b. Make Metal Island  
 c. Make Metal Occlusal  
 d. Adjust Prep and Mark Die

### If questions present, I'd prefer:

- a. Call to discuss specific case in question  
 b. Follow my preferences above, call if needed  
 c. Follow my preferences above, I prefer no call

## REMOVABLE PREFERENCES

Denture Tooth Preference

- Premium  Economy\*

## ADDITIONAL INFORMATION / SPECIAL INSTRUCTIONS

---



---



---



---

Atlas Dental requires each case to be accompanied by a signed lab slip which is a binding work order agreement and acceptance of our Terms and Conditions. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.  
 For complete details of T&C, visit [www.atlasdentallab.com](http://www.atlasdentallab.com)