

DENTIST PREFERENCES

Dr: _____

Date: _____

Practice Name: _____

Address: _____

Phone: _____

Email Address: _____

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

Shade Fit: _____

Fit: _____

Contacts: _____

Contour: _____

Margins: _____

Service: _____

Occlusion: _____

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? _____

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

6. What are your office hours? _____

7. How did you originally find out about Dentiform Australia? _____

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

9. What else should we know about you? _____

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