DOCTOR PROFILE ACCOUNT APPLICATION

Please email to **dwilliams@rtglab.com** or return this with your first case.

DOCTOR'S INFORMATION

Date _____ Doctor Name _____

Practice Name _____

Address _____

City/State/Zip _____

Phone _____ Alternate Phone _____

Fax _____ Email _____

Office Days (M/T/W/TH/F) _____ Hours _____

Office Contact Person _____ Dual Offices: ❍ Yes ❍ No

License # _____ State _____

TYPE OF BUSINESS

❍ Sole Proprietorship ❍ Partnership ❍ Corporation ❍ LLC

FEIN # _____

OWNERS/CORPORATE OFFICERS/PARTNERS

Name #1 _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Name #2 _____

Address _____

City/State/Zip _____

Phone _____ Email _____

ASSOCIATES

_____

_____

_____

AUTOMATIC PAYMENT OPTION

(By entering this information, you are authorizing RTG to charge your credit card for the prior month's balance on the 10th day of each month.)

❍ Visa ❍ MasterCard ❍ American Express ❍ Discover

Card # _____ Exp. Date ____/____

Name (as it appears on card) _____

Billing Address (if different from shipping address) _____

ACCOUNT AUTHORIZATION & AGREEMENT

Customer shall pay for the products ordered pursuant to the payment terms of net 30 days from the date of the invoice or as otherwise stated on each invoice. Customer agrees to pay the amount of any taxes resulting from purchases. If payment is not made to RTG in accordance with the payment terms set forth, RTG may add a 1.5% finance charge per month for any unpaid balance and the Customer shall be liable to RTG for all reasonable attorney fees and costs incurred by RTG to effect collection of any invoice unpaid in whole or part. In addition, RTG reserves the right to suspend all future shipments until all payments have been received.

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the agreement terms and asserts authority to apply for this account.

Signature _____

Date _____

Lab Use Only
CUSTOMER #

SMILES MATTER®
RTGLab.com
800.677.4784 · 585.482.8100

rtg A MICRODENTAL LABORATORY

DOCTOR PROFILE ALL-CERAMIC & PFM PREFERENCES

ALL-CERAMIC RESTORATIONS

PONTIC DESIGN
- ❍  Full Ridge Lap
- ❍  Modified Ridge Lap
- ❍  Oval/Conical
- ❍  Sanitary/Hygenic

OCCLUSAL CLEARANCE
- ❍ 200 Micron Paper (out of occlusion)
- ❍ 100 Micron Paper (light occlusion)
- ❍ 40 Micron Paper (medium occlusion)
- ❍ 16 Micron Paper (tight occlusion)

OCCLUSAL STAIN
- ❍ None
- ❍ Yellow
- ❍ Ochre
- ❍ Brown
- ❍ Black

TISSUE RELIEF
- ❍ None
- ❍ Light
- ❍ Heavy

TYPE OF ARTICULATOR _____

CONTACTS
- ❍ Normal
- ❍ Light
- ❍ Tight
- ❍ Wide/Broad

IF INADEQUATE CLEARANCE
- ❍ Reduce Opposing
- ❍ Please Call
- ❍ Reduction Coping

PFM RESTORATIONS

PONTIC DESIGN
- ❍  Full Ridge Lap
- ❍  Modified Ridge Lap
- ❍  Oval/Conical
- ❍  Sanitary/Hygenic

PORCELAIN-TO-METAL
- ❍ Semi-Precious
- ❍ High Noble White
- ❍ High Noble Yellow

ALL METAL
- ❍ Gold Crown
  - ❑ Med. Gold Content
  - ❑ High Gold Content
- ❍ Inlay/Onlay
  - ❑ Med. Gold Content
  - ❑ High Gold Content

OCCLUSAL CLEARANCE
- ❍ 200 Micron Paper (out of occlusion)
- ❍ 100 Micron Paper (light occlusion)
- ❍ 40 Micron Paper (medium occlusion)
- ❍ 16 Micron Paper (tight occlusion)

OCCLUSAL STAIN
- ❍ None
- ❍ Yellow
- ❍ Ochre
- ❍ Brown
- ❍ Black

TISSUE RELIEF
- ❍ None
- ❍ Light
- ❍ Heavy

CONTACTS
- ❍ Normal
- ❍ Light
- ❍ Tight
- ❍ Wide/Broad

METAL DESIGN
- ❍ Collarless (used unless specified)
- ❍ Metal Band 360 degree
- ❍ Lingual Band Only
- ❍ Metal Band in Embrasures
- ❍ Porcelain Butt Margin
- ❍ Metal Lingual on Anteriors (wherever necessary)
- ❍ Metal Occlusal

IF INADEQUATE CLEARANCE
- ❍ Reduce Opposing
- ❍ Reduction Coping
- ❍ Please Call

CLINICAL EDUCATION QUESTIONNAIRE

I am interested in attending a program on:
- ❍ Case Presentation & Acceptance
- ❍ Materials Overview
- ❍ Cosmetic Dentistry/Smile Design
- ❍ Occlusion/Bite Splints
- ❍ Digital Impressions
- ❍ Practice Management
- ❍ Digital Technology
- ❍ Sleep Dentistry
- ❍ Implant Planning & Placement
- ❍ Infection Control/OSHA
- ❍ Photography & Shade-taking Techniques

Preferred Format:
- ❍ Workshop (in Rochester)
- ❍ Lecture (in Rochester)
- ❍ Combination (workshop/lecture)
- ❍ Webinar

Preferred Months:
- ❍ January
- ❍ February
- ❍ March
- ❍ April
- ❍ May
- ❍ June
- ❍ July
- ❍ August
- ❍ September
- ❍ October
- ❍ November
- ❍ December

Preferred Day(s):
- ❍ Monday
- ❍ Tuesday
- ❍ Wednesday
- ❍ Thursday
- ❍ Friday
- ❍ Saturday
- ❍ Sunday

Preferred Times:
- ❍ Mornings
- ❍ Evenings
- ❍ Both

SMILES MATTER®
RTGLab.com
800.677.4784 · 585.482.8100

rtg A MICRODENTAL LABORATORY