


ADL Account Application. Doctor Preferences

All-Ceramic Restorations

PONTIC DESIGN

- ☐  Full Ridge Lap
- ☐  Modified Ridge Lap
- ☐  Oval/Conical
- ☐  Sanitary/Hygienic

OCCUSAL CLEARANCE

- ☐ 200 Micron Paper (out of occlusion)
- ☐ 100 Micron Paper (light occlusion)
- ☐ 40 Micron Paper (medium occlusion)
- ☐ 16 Micron Paper (tight occlusion)

OCCUSAL STAIN

- ☐ None
- ☐ Yellow
- ☐ Ochre
- ☐ Brown
- ☐ Black

TISSUE RELIEF

- ☐ None
- ☐ Light
- ☐ Heavy

CONTACTS

- ☐ Normal
- ☐ Light
- ☐ Tight
- ☐ Wide/Broad





IF INADEQUATE CLEARANCE

- ☐ Reduce Opposing
- ☐ Please Call
- ☐ Reduction Coping

TYPE OF ARTICULATOR _____

PFM Restorations

PONTIC DESIGN

- ☐  Full Ridge Lap
- ☐  Modified Ridge Lap
- ☐  Oval/Conical
- ☐  Sanitary/Hygienic

PORCELAIN-TO-METAL

- ☐ Semi-Precious
- ☐ High Noble White
- ☐ High Noble Yellow

FULL METAL

- ☐ Gold Crown
 - ☐ Med. Gold Content
 - ☐ High Gold Content
- ☐ Inlay/Onlay
 - ☐ Med. Gold Content
 - ☐ High Gold Content

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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

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- ☐ 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-person)
- ☐ Lecture (in-person)
- ☐ Combination (workshop/lecture)
- ☐ Webinar

Preferred Months:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Preferred Day(s):

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Preferred Times:

- ☐ Mornings
- ☐ Evenings
- ☐ Both

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