

ADL Account Application. Doctor Profile

Please email to lab@adldental.com or return this with your first case.

Doctor's Information

Date	
Doctor Name	
Address	
City/State/Zip	
Phone	Alternate Phone
Fax	Email
Office Days (M/T/W/TH/F)	Hours
Office Contact Person	Dual Offices: <input type="radio"/> Yes <input type="radio"/> 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

Payment Setup

☐ I would like to set up automatic payment.
Please call our accounting department at 800.229.0936 to set up.

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 Ward in accordance with the payment terms set forth, Ward may add a 1.5% finance charge per month for any unpaid balance and the Customer shall be liable to Ward for all reasonable attorney fees and costs incurred by Ward to effect collection of any invoice unpaid in whole or part. In addition, Ward 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 #

ADL Account Application. Doctor Preferences

All-Ceramic Restorations

PONTIC DESIGN

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

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





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

OCCLUSAL CLEARANCE

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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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ADLDental.com
800.456.1292

