



"Quality is our lifeline"

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**For CDO Use:** Date: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# New Account Form


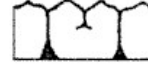

Dentist / Laboratory: \_\_\_\_\_ Date \_\_\_\_\_





Shipping Address: \_\_\_\_\_






Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

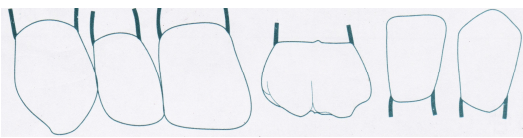
Email : \_\_\_\_\_

## CLIENT PREFERENCES

OCCLUSION		CONTACTS		
<input type="checkbox"/> In Occlusion <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Ideal Occlusion <input type="checkbox"/> Match Existing	If Insufficient Occlusal Clearance... <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing	Normal 	Heavy & Broad 	Point 

	MARGIN DESIGN			
Gingival Embrasure: <input type="checkbox"/> Smooth Emergence <input type="checkbox"/> Open <input type="checkbox"/> Closed	Lingual Metal 	No Metal 	Porcelain Margin 	Small Metal 

PONTIC DESIGN				
Point Contact 	No Ridge 	Standard (Modified Ridge) 	No Contact 	Below Ridge (Bullet) 

CERAMIC SHADE	
Cracklines : _____ Light _____ Medium _____ Dark Translucency: _____ Minimum _____ Moderate _____ Maximum Shine/Gloss: _____ High Shine _____ Dull Mammellons: _____ Highly Visible _____ Somewhat Visible _____ None Surface Texture: _____ Smooth _____ Heavy	 <p style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">Use Vita/Bioform Shade Guide</p>

SPECIAL INSTRUCTIONS
_____ _____ _____
<input type="checkbox"/> See back for additional instructions and/or sketches

