

14639 Industrial Rd. | Omaha, NE 68144 | (402) 614-6751 | Toll Free: (866) 614-6751 | apexdentallabne.com

GENERAL INFORMATION	l		PREFERED METHOD OF PAYMENT		
Doctor's Name:			FICOD		
First MI Last			Statement Pay (Check)		
Doctor's License #:			Statement Pay (Credit Card)		
Practice Name:			Statement 1 by (Steat Gard)		
Doctor's Birthday:			<del>_</del>	— Conditional of dymont / dution_dation   Condition	
Website:			CONTACT INFORMATION		
Address:			Who do we contact for technical/clinical questions?		
City:	State:	ZIP:		toonmountain quootione.	
Phone #:	otato.		Can we email or text the dentist with case questions? YES NO		
Email:			If so, please provide cell and email address:		
			Cell:	Email:	
OFFICE HOURS					
M: T: W	: TH:	F:	REFERRED BY		
Emergency #:			□lWebsite	Current Customer:	
			☐ Advertisement	□ Word of Mouth □ Other:	
OFFICE CONTACTS FOR					
Scheduling Questions:			<u> </u>		
Office Manager:			TERMS		
Phone #:	Email:		Invoices are due in full net 30 from invoice date. If not paid in 30, account is subject to 1.5%		
Doctor's Assistant:			finance charge per month of unpaid balance (approximately 18% annual percentage rate). If		
hone #: Email:		not paid within 60 days, attorney fees, cost of collection, and continuing interest shall be added.			
BILLING INFORMATION					
Main Contact:			_		
Phone #:			<u> </u>		
Email:			<u> </u>		
Billing Address (if different):			_		
0:4					



FIXED							
Die Spacer					If Margin Unclear		
□ 2 Coats*		□ 1 Coat			□ Contact for discussion*	Do the best to trim (no guarantee)	
□ None		coats				Require new impression	
Occlusal Contac	et				If Occlusal Space is Needed		
☐ Tight (Touchir	ng Opp)				☐ Contact for discussion*	■ Make metal island	
Light occlusal	(1/4mm out)*				Adjust opposing tooth	■ Make metal occlusal	
Out of occlusion (1/2mm out)				☐ Adjust prep & make reduction coping ☐ Adjust prep & mark die			
Interproximal Co	ontact				Path of Insertion		
<b>□</b>  Light					Contact for discussion*	□ Adjust prep & make reduction (no guarantee)	
Medium*					Do not adjust, make as is	Adjust & mark adjacent teeth (if problem)	
Heavy					(no guarantee)		
Gingival Embrasure				Preparation to Bulky, Undercut or Bridge not Parallel			
Nature for both anterior & posterior*			Closed for both anterior &	posterior	Adjust adjeacent and mark in red*	□ Adjust and mark in red	
Close for anterior, open for posterior			□ Open for both anterior & po	osterior	Do not adjust , make as is	Contact fo discussion	
0 1 101 :					(no guarantee)		
Occlusal Stain (Brown)		(Orange)			Adjacent Tooth Undercut		
Light*	<b>□</b>  None	Light*	<b>□</b>  None		Adjust adjacent and mark in red*	Contact for discussion	
Medium	Heavy	Medium	☐ Heavy		Do not adjust, make as is (no guarantee)	El Contact for discussion	
Gingival Stain			No Bite Enclosed or provided bite feedback inadequate				
□ Light*	None				☐ Hand mount*	☐ Fixed cases	
Medium	Heavy				Make ideal (no guarantee)	Contact for discussion	
Pontic Design				Rx Requested Porecelain Butt Margin, but No Shoulder Margin Prepared			
□ Full Ridge* □ Modify Ridge □ No Contact		Point Contact Pontic in Socket		Ignore the instruction make "no show metal"*  Contact for discussion			
		$\sim$	$\sim$		Donot adjust, just process as is (no guarantee)		
( )		Ų	$\bigcup$	)	Implicat Abutanest		
		$\wedge$	$\sim$	$\sim$	Implant Abutment		
					Adjust as needed*	Contact for discussion	
□IScran pontic a	areas on working r	nodel*			Do not adjust, just process as is (no guearantee	)	
	_				Crown Under a Partial (optional)		
Only scrap pontic areas on solid model Do not touch pontic areas					☐ Will provide partial for entirety of fabrication process		
					□ Will provide single tray full-arch impression with partial impressed,		
					and will temporarily provide partial intil martix is		
				SPECIAL INSTRUCTIONS			

Note: \*Default if not specified