

Client Profile Information

Doctor Information	
Doctor's Name:	_____
Doctor's License #:	_____

FOR ALAI LABS USE ONLY	
Sales Representative:	_____ Date: _____
Pricing Catalog:	_____ Territory: _____

Practice Information	
Business Name:	_____
Address:	_____
	Street Suite #
	City State Zip Code
Office Number:	_____
	(Area Code) Number
Fax Number:	_____
	(Area Code) Number
Doctor's Mobile #:	_____
	(Area Code) Number
Doctor's Email Address:	_____

Other Contact		
Office Mngr:	_____	_____
	Name Phone Email	
Billing:	_____	_____
	Name Phone Email	
Dental Asst:	_____	_____
	Name Phone Email	
Dental Asst:	_____	_____
	Name Phone Email	
Front Desk:	_____	_____
	Name Phone Email	
Check Out:	_____	_____
	Name Phone Email	
Scheduling:	_____	_____
	Name Phone Email	

Case Question Protocol

ALAI Dental Laboratories believes the better the communication between doctor and laboratory, the better the outcome of the case. If we have case questions, we will first email you at the address provided below. It is your responsibility to check the email provided in order to expedite production on cases where additional clarification is needed. Otherwise the case in question could possibly go on hold status. Also, please be aware that delivery date could be affected if email is not replied in a timely manner.

Please provide ALAI with the best email to use for communication regarding case questions: _____

Client Product Preferences

PFM Alloy	PFM Metal Design	IPS e.Max	Pontic Design
<input type="checkbox"/> NP - Non Precious / Base	<input type="checkbox"/> 0.5mm Lingual Collar	<input type="checkbox"/> e.Max CAD (Posterior)	<input type="checkbox"/> 2mm Socket Pontics
<input type="checkbox"/> Noble - Semi Precious	<input type="checkbox"/> 180° Metal Collar	<input type="checkbox"/> e.Max CAD Layered (Anterior)	<input type="checkbox"/> 3mm+ Ovate Pontics
<input type="checkbox"/> High Noble	<input type="checkbox"/> 1mm Lingual Collar	<input type="checkbox"/> e.Max Press	<input type="checkbox"/> Bullet
	<input type="checkbox"/> 2mm Lingual Collar		<input type="checkbox"/> Modified Ridge Lap
	<input type="checkbox"/> Show No Metal		<input type="checkbox"/> Ridgelap
Insufficient Clearance	Contacts	Occlusion	Occlusal Staining
<input type="checkbox"/> Trim Opposing	<input type="checkbox"/> Normal	<input type="checkbox"/> In Occlusion	<input type="checkbox"/> Light on Molars and Bicuspids
<input type="checkbox"/> Trim Die / Fabricate Reduction Coping	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Light Occlusion	<input type="checkbox"/> Medium
<input type="checkbox"/> Metal Occlusion	<input type="checkbox"/> Light	<input type="checkbox"/> Out of Occlusion	<input type="checkbox"/> None
<input type="checkbox"/> Contact for Further Instructions	<input type="checkbox"/> Wide	<input type="checkbox"/> Tight Occlusion	
	<input type="checkbox"/> Slightly Open		
Zirconia	Abutment Retention	Abutment Type / Anterior	Abutment Type / Posterior
<input type="checkbox"/> Full Contour - AT (Anterior)	<input type="checkbox"/> Cement	<input type="checkbox"/> Titanium	<input type="checkbox"/> Titanium
<input type="checkbox"/> Full Contour - HT (Posterior)	<input type="checkbox"/> Screw Retained	<input type="checkbox"/> Gold Nitrate Titanium	<input type="checkbox"/> Gold Nitrate Titanium
<input type="checkbox"/> PFZ - Layered (Anterior / Posterior)	<input type="checkbox"/> Contact for Further Instructions	<input type="checkbox"/> Zirconia	<input type="checkbox"/> Zirconia
<input type="checkbox"/> Katana (Anterior / Posterior)			
<input type="checkbox"/> eMax ZirCAD (Anterior / Posterior)			

By signing below, you acknowledge our case question protocol and understand that ALAI Dental Laboratories will automatically default to the preferences listed above if such information is missing on any RX. Changes after production has started could potentially be charged as a new case at ALAI's discretion.

_____	_____	_____	_____
Name	Signature	Title	Date