DOCTOR PROFILE ACCOUNT APPLICATION

Dual Offices: O Yes O No

State

Please email to shane@quantumdentaltechnologies.com or return this with your first case. **DOCTOR'S INFORMATION ASSOCIATES** Date **Doctor Name** Address **AUTOMATIC PAYMENT OPTION** City/State/Zip (By entering this information, you are authorizing Quantum Technologies to charge your credit card for the prior month's balance on the 10th day of each month.) Phone Alternate Phone O Visa O MasterCard O American Express O Discover Fax Email Card# Exp. Date Office Days (M/T/W/TH/F) Hours

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|------|----|------|--------|
| ITPE | OF | BUS | IINESS |

License #

Name #1

Address

Office Contact Person

| O Sole Proprietorship | O Partnership | O Corporation | O LLC |
|-----------------------|---------------|---------------|-------|
| | | | |
| FEIN # | | | |

OWNERS/CORPORATE OFFICERS/PARTNERS

| City/State/Zip | |
|----------------|-------|
| | |
| Phone | Email |
| | |
| | |
| Name #2 | |
| | |
| Address | |
| | |
| City/State/Zip | |
| | |

Email

ACCOUNT AUTHORIZATION & AGREEMENT

Billing Address (if different from shipping address)

Name (as it appears on card)

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 Quantum Technologies in accordance with the payment terms set forth, Quantum Technologies may add a 1.5% finance charge per month for any unpaid balance and the Customer shall be liable to Quantum Technologies for all reasonable attorney fees and costs incurred by Quantum Technologies to effect collection of any invoice unpaid in whole or part. In addition, Quantum Technologie 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 | |
|--------------|--|
| 3 | |
| | |
| Date | |
| | |
| Lab Use Only | |
| CUSTOMER # | |

Phone

DOCTOR PROFILE ALL-CERAMIC & PFM PREFERENCES

ALL-CERAMIC RESTORATIONS OCCLUSAL STAIN CONTACTS PONTIC DESIGN O None O Normal ○ 🌣 Full Ridge Lap O Yellow O Light ○ Modified Ridge Lap O Ochre O Tight O Brown O Wide/Broad ○ M Oval/Conical O Black IF INADEQUATE CLEARANCE ○ Sanitary/Hygenic O Reduce Opposing **TISSUE RELIEF** O Please Call **OCCLUSAL CLEARANCE** O None O Reduction Coping O Light O 200 Micron Paper (out of occlusion) O Heavy O 100 Micron Paper (light occlusion) O 40 Micron Paper (medium occlusion) O 16 Micron Paper (tight occlusion) TYPE OF ARTICULATOR ___ PFM RESTORATIONS **OCCLUSAL CLEARANCE METAL DESIGN** PONTIC DESIGN O 200 Micron Paper (out of occlusion) O Collarless (used unless specified) ○ 🌣 Full Ridge Lap O 100 Micron Paper (light occlusion) O Metal Band 360 degree O 40 Micron Paper (medium occlusion) ○ Modified Ridge Lap O Lingual Band Only O 16 Micron Paper (tight occlusion) O Metal Band in Embrasures ○ M Oval/Conical OCCLUSAL STAIN O Porcelain Butt Margin ○ Sanitary/Hygenic O Metal Lingual on Anteriors O None O Yellow (wherever necessary) O Ochre O Metal Occlusal PORCELAIN-TO-METAL O Brown IF INADEQUATE CLEARANCE O Semi-Precious O Black O Reduce Opposing O High Noble White **TISSUE RELIEF** O Reduction Coping O High Noble Yellow O None O Please Call **ALL METAL** O Light O Gold Crown O Heavy ☐ Med. Gold Content CONTACTS ☐ High Gold Content O Normal O Inlay/Onlay O Light ☐ Med. Gold Content O Tight O Wide/Broad ☐ High Gold Content **CLINICAL EDUCATION QUESTIONNAIRE** I am interested in attending a program on: **Preferred Format:** Preferred Day(s): O Case Presentation & Acceptance O Workshop (in Windsor) O Monday O Materials Overview O Lecture (in Windsor) O Tuesday O Combination (workshop/lecture) O Wednesday O Cosmetic Dentistry/Smile Design O Occlusion/Bite Splints O Webinar O Thursday O Digital Impressions O Friday **Preferred Months:** O Practice Management O Saturday O January O July O Digital Technology O Sunday O February O August O Sleep Dentistry O March O September **Preferred Times:** O Implant Planning & Placement O April O October O Mornings O Infection Control/OSHA O Mav O November O Evenings O Photography & Shade-taking Techniques O June O December O Both

