

Dr. & Practice Preference Form

Information entered here will allow McTech Dental Lab to get to know you and your practice quickly and efficiently. For multiple practices, please complete new form for each. Information like Birthdays helps us for future promotional events. Any preferences annotated here will appear on every work ticket on every case for the technician to see. Examples include preferences for contacts, porcelain margins, or alloys.

Practice Information

Business or Office Name: _____

Office Email: _____

Billing Email (if different): _____

Office Phone: _____

Office Fax: _____

Address: _____

Billing Address (if different): _____

Shipping Address (if different): _____

Website? Y N Facebook? Y N Twitter? Y N YouTube? Y N

Dr. Information

Dr.'s Full Name & Title: _____

Dr. Email: _____ Dr. Cell _____

Gender: _____ Birthday: _____

License #: _____ NPI #: _____ Specialty: _____

Hometown: _____ Undergraduate: _____

Dental School & Year: _____

Veteran? Branch? MOS? _____

Affiliations and study clubs attended (ing): _____

Preferences: _____

Dr. Information

Dr.'s Full Name & Title:

Dr. Email:

Dr. Cell

Gender:

Birthday:

License #:

NPI #:

Specialty:

Hometown:

Undergraduate:

Dental School & Year

Veteran? Branch? MOS?

Affiliations and study clubs attended (ing):

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Dr. Information

Dr.'s Full Name & Title:

Dr. Email:

Dr. Cell

Gender:

Birthday:

License #:

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Dental School & Year

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