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:_____

Office Phone:_____

Office Fax:_____

Address: _____

Billing Address, if different:_____

Shipping Address, if different:_____

Website? ☐ Y ☐ N   Facebook? ☐ Y ☐ N   Twitter? ☐ Y ☐ N

Dr. Information

Dr.'s Full Name & Title:_____

Dr. Email:_____

Dr. Cell:_____

License #:_____

NPI #:_____

Specialty:_____

Gender:_____

Birthday:_____

Preferences:_____

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Dr. Information

Dr.'s Full Name & Title:_____

Dr. Email:_____

Dr. Cell:_____

License #:_____

NPI #:_____

Specialty:_____

Gender:_____

Birthday:_____

Preferences:_____

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Dr. Information

Dr.'s Full Name & Title:_____

Dr. Email:_____

Dr. Cell:_____

License #:_____

NPI #:_____

Specialty:_____

Gender:_____

Birthday:_____

Preferences:_____

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