

NEW CLIENT INFORMATION

NAME OF COMPANY/DENTAL PRACTICE: _____

AUTHORIZED CONTACT PERSON(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ FAX #: _____

EMAIL: _____ WEBSITE: _____

TYPE OF PRACTICE/COMPANY:

☐ GENERAL

☐ PERIODONTAL

☐ PEDIATRIC

☐ ORTHODONTIC

☐ ENDODONTIC

☐ DENTAL LAB

☐ GOVERNMENT

☐ OTHER

NUMBER OF CURRENT STAFF:

DENTISTS: _____ HYGIENISTS: _____ ASSISTANTS: _____ FRONT OFFICE: _____ OTHER: _____

COMPUTER SOFTWARE USED: _____

WILL YOU ACCEPT A CANDIDATE WHO DOES NOT KNOW YOUR SOFTWARE? _____

X-RAY SYSTEM USED: _____

ADDITIONAL COMMENTS/INFORMATION:

1.. PLEASE READ, AGREE TO, SIGN AND SUBMIT NEW CLIENT AGREEMENT/FEE SCHEDULE/
CREDIT APPLICATION

2. IF YOU HAVE A CURRENT OPENING (TEMP, TEMP-TO-HIRE OR PERMANENT/DIRECT) THAT
YOU WOULD LIKE US TO FILL, SUBMIT A REQUEST FOR STAFF FORM.