



ParisAline Partnership Inquiry Form

Personal and Professional Information

Full Name:

Professional Title

License Number:

Contact Information:

Phone Number:

Email Address:

Clinic/Practice Name:

Clinic/Practice Address:

Education and Experience

1. Where did you complete your dental/orthodontic education?

2. Year of Graduation:

3. Do you have any additional certifications or specializations in orthodontics? Please specify.

4. How many years of experience do you have in orthodontics?

Clinic/Practice Details

5. Type of Practice (Private Clinic, Government Hospital, Academic Institution, etc.):

6. What is the size of your patient base?

7. Do you currently offer clear aligner treatments? If yes, which brands?

8. Do you have experience with digital dental impressions and 3D imaging?

Technology and Facilities

9. Do you have a 3D dental impression scanner in your clinic?

10. Describe the technology and equipment available at your clinic for orthodontic treatments.

Team and Support Staff

11. How many staff members are part of your team?

12. Please describe the roles of your team members (e.g., sales team, marketing team, medical team, reception team).

Patient Care and Approach

13. How do you prioritize patient comfort and satisfaction in your practice?

14. Describe any patient-centric initiatives or practices you have implemented.

Legal and Compliance

15. Are you currently bound by any non-compete agreements with other orthodontic treatment providers?

16. Please confirm that you hold a valid license to practice dentistry/orthodontics in your region.

Innovative Contributions and Marketing Strategies

17. What unique additions or capabilities can you offer to the ParisAline partnership?

18. Do you have any innovative ideas or projects that could enhance our collaboration and contribute to the development of ParisAline's services?

19. If selected as an exclusive ParisAline partner, what specific marketing ideas or strategies would you implement in your region?

General Inquiry

20. Why are you interested in partnering with ParisAline for clear aligner treatments?

21. Are you willing to participate in ParisAline's training and certification process for clear aligner treatments?

22. Please provide any additional information or comments that you think are relevant to this partnership inquiry.

Consent and Submission

23. By submitting this form, I confirm that all the information provided is accurate and true to the best of my knowledge.

Signature:

Date