

DENTAL HEALTH NEWS

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PLEASE PRINT CLEARLY

Dentist: _____ Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Fax: _____ Website: _____

Services and Specialties:

- | | | |
|--|--|--|
| <input type="checkbox"/> Family Dentistry | <input type="checkbox"/> Dental Implants & Restoration | <input type="checkbox"/> Bad Breath Advice and Treatment |
| <input type="checkbox"/> Cosmetic Dentistry | <input type="checkbox"/> Emergency Dental Care | <input type="checkbox"/> Denture Fittings |
| <input type="checkbox"/> Tooth Whitening | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Bonding, Veneers, Crowns, Bridges | | |

Business Hours:

MON: _____
 TUE: _____
 WED: _____
 THURS: _____
 FRI: _____
 SAT: _____

Key Employees and Titles:

OFFICE MANAGER: _____
 HYGIENIST(S): _____
 DENTAL ASSISTANT(S): _____
 FRONT DESK / RECEPTION: _____



Tel: 1-800-795-8021

Fax: 1-800-800-7114

www.dentalhealthnews.org