

BRITE  SMILE[®] ASSOCIATED CENTER APPLICATION

1. Name: _____ D.D.S. or D.M.D.
 & _____ D.D.S. or D.M.D.

2. Name of Practice: _____

Office Manager: _____

Address: _____

City/State/Zip: _____

Phone(____)____-____ Fax (____)____-____ Cell (____)____-____

Home(____)____-____ Pager (____)____-____

3. Email Address: _____

4. Regular Office Hours where you may be reached:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From - To						

5. How did you hear about BriteSmile? _____

6. Please indicate the number of years you have been practicing dentistry: _____

7. How many dental hygienists/assistants are employed full-time by your practice? _____

8. What is the current total number of operatories in your dental practice? _____

9. Please indicate the number of patients your office sees on an average day:
 Dentistry patients: _____ Hygiene patients: _____ Total: _____

10. What is the approximate number of active patients of your dental practice? _____

11. Approximately how many new patients does your office see per month? _____

12. Approximately how many teeth whitening procedures are you currently performing?
 per week: _____ per month: _____

13. Please complete the chart below, indicating the teeth whitening procedure(s) that you are currently using, the price for each procedure, the percentage that each procedure constitutes your teeth whitening business, and your preferred brand for such procedure.

<u>Type of Procedure</u>	<u>Price</u>	<u>Preferred Brand</u>
<input type="checkbox"/> Take-home trays	\$ _____	_____
<input type="checkbox"/> Laser/Light Assisted Bleaching	\$ _____	_____
<input type="checkbox"/> Other (please specify):	\$ _____	_____

Please fax this completed form to : 866-243-1300