



BRITE SMILE ASSOCIATED CENTRE APPLICATION

- 1. Name: _____ D.D.S. or D.M.D
& _____ D.D.S. or D.M.D
- 2. Name of Practice: _____
Office Manager: _____

Address: _____

Phone (____) _____ Fax (____) _____ Cell (____) _____
- 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 operations 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 : (852) – 2368 0333