



CUSTOMER SURVEY

Please complete the customer survey and return as soon as possible, as it assists us in providing the best possible service to you and your patients. Thank you for your help!

OFFICE CONTACTS

DENTIST(S)

RECEPTIONIST(S)

OFFICE MANAGER

HEAD ASSISTANT

ACCOUNTS PAYABLE

OFFICE LOCATION(S) AND INFORMATION

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

()

FAX NUMBER

()

EMAIL ADDRESS(ES)

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

()

FAX NUMBER

()

EMAIL ADDRESS(ES)

OFFICE HOURS

MONDAY	LUNCH CLOSURE?
TUESDAY	LUNCH CLOSURE?
WEDNESDAY	LUNCH CLOSURE?
THURSDAY	LUNCH CLOSURE?
FRIDAY	LUNCH CLOSURE?

DOCTOR DESIGN PREFERENCES

PRODUCT	PREFERENCE
PRODUCT	PREFERENCE
PRODUCT	PREFERENCE
PRODUCT	PREFERENCE
PRODUCT	PREFERENCE
PRODUCT	PREFERENCE

GENERAL SERVICE PREFERENCES

PROTEC LABORATORY PRODUCTS UTILIZED

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Crown & Bridge | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Splints | <input type="checkbox"/> Tooth Positioners | <input type="checkbox"/> Mouthguards |
| <input type="checkbox"/> Partial Dentures | <input type="checkbox"/> Dentures | <input type="checkbox"/> Sleep Apnea |

COMMENTS/SPECIFIC REQUESTS

PLEASE SEND ME SUPPLIES

- Orthodontic Rx Forms
- Crown & Bridge/Dentures Rx Forms
- Splint/Nightguard Rx Forms
- Crown & Bridge Premium Esthetic Rx Forms
- Custom Shading Form
- Tooth Positioner Rx Forms
- Plastic Bags
- Shipping Boxing
- DHL WayBills
- DHL Shipping Bags

Other: _____

PLEASE SEND ME INFORMATION ON

COMMENTS/SPECIAL REQUESTS
