



DENTALTM
EMPLOYMENT SERVICES, INC

Dental Office Information

Doctor's Name: _____

Associates: _____

Practice Name: _____

Type of Practice: _____
(i.e. General, Perio etc.)

Dental Software: _____

Years in Practice: _____ # of Operatories: _____

Office Address: _____

City/State: _____ Zip: _____

Office Phone #: _____ Fax #: _____

Email Address: _____ Website: _____

Contact person at the office: _____
(to confirm temporary employees and follow up on permanent referrals)

After hours contact person: _____ Phone #: _____

Office Schedule:

Days:	Hours:
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____

Payroll frequency (information for our temps): _____

Size of office staff:

How many Dentists? _____ Hygienists? _____ Assistants? _____ Front Office? _____

Comments or anything special we should know about your office which would be helpful in placing personnel? _____