

DENTAL SOCIETY OF GREATER ORLANDO

800 NORTH MILLS AVENUE, ORLANDO, FLORIDA 32803

AFFILIATE SURVEY

PLEASE TYPE OR PRINT

FLORIDA LICENSE # _____

NAME: _____ CIRCLE ONE: DDS DMD BDS

DENTAL SCHOOL: _____ COUNTRY: _____ GRADUATED: _____

GRAD SCHOOL: _____ COUNTRY: _____ GRADUATED: _____

PRIMARY OFFICE ADDRESS: _____

ZIP +FOUR _____

MAILING ADDRESS, IF DIFFERENT: _____

ZIP +FOUR: _____

OFFICE PHONE: _____ FAX #: _____

HOME ADDRESS: _____

ZIP +FOUR: _____

HOME PHONE: _____ SPOUSE'S NAME: _____

PLEASE INDICATE WHICH SERVICES ARE AVAILABLE IN YOUR OFFICE:

IMPLANTS: PLACEMENT _____ POSTERIOR COMPOSITES _____

RESTORATION _____ EVENING HOURS _____

NURSING HOMES _____ NITROUS _____

SAME DAY REPAIR _____ HANDICAPPED _____

PORTABLE EQUIPMENT _____ MC/VISA _____

TMJ _____ GENERAL ANESTHESIA: OFFICE _____

DENTURES _____ HOSPITAL _____

MEDICAID: ADULT _____ PARENTERAL ANESTHESIA _____

MEDICAID: CHILD _____ HOSPITAL _____

EMERGENCIES _____ STEREO HEADPHONES _____

INSURANCE ASSIGNMENT _____ WORKMAN'S COMPENSATION _____

HYGIENIST _____ LANGUAGES SPOKEN: DOCTOR _____

SIGN LANGUAGE _____

CIRCLE DAYS OPEN: _____

MON. TUES. WED. _____ LANGUAGES SPOKEN: STAFF _____

THURS. FRI. SAT. _____

PLEASE INDICATE SPECIALITY IF ANY: _____ BOARD CERT: _____ BOARD ELIGIBLE: _____

E-MAIL ADDRESS: _____

PLEASE FILL OUT AND FAX TO THE DSGO OFFICE 407-895-9712 OR MAIL 800 NORTH MILLS AVENUE, ORLANDO, FLORIDA 32803. IF YOU HAVE MORE THAN ONE PRACTICE ADDRESS PLEASE ATTACH A SEPARATE SHEET TO LIST THOSE ADDRESSES.