



Temporary and Permanent Dental Personnel

New Client Information Form

Please email the completed form to support@americandentalstaffing.com or fax to 901.432.5232

Date: ____/____/____

Name of Doctor/s: _____

Name of Practice: _____

Address: _____ City/St _____ Zip: _____

Phone #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Email (PRINT): _____ It is our standard practice to e-mail invoices.

Contact Name: _____ Title: _____

Cell Phone # for contact for after/before-hours communication, if needed: _____

How did you hear about us? _____

Have you used Dentemp aka. American Dental Staffing before? _____ Last time (if you know) _____

Office Hours: Mon ____ to ____; Tue ____ to ____; Wed ____ to ____; Thu ____ to ____; Fri ____ to ____; Sat ____ to ____

Qualifications Required: CDA Dental Radiology Coronal Polishing Sealants NO2 Monitoring
 NO2 Administration Administration of Local Anesthesia CPR

Software, digital systems, & other experience requested: Eagle Soft Dentrix Easy Dental Panorex
 Traditional X-rays Digital X-rays Cerec Impressions Mouth Guards Temp Crowns
 Invisalign

Other: _____

Type of Practice: General Dentistry Endodontics Oral Surgery Orthodontics Periodontal Prosthodontics
 Pediatric Special Needs

Special Instructions for American Dental Staffing and our Employees:

Thank you! We look forward to working with you.

Disclaimer: This information is confidential and proprietary intended solely for the use of the individual or entity to whom they are addressed to and may not be reproduced in whole or part unless authorized in writing by an authorized representative of American Dental Staffing LLC.