

MEMBER INFORMATION FORM

To help us customize your practice-to-patient communications to fit the tone and image of your practice, please complete the following information then fax the form to (310) 215-6690. To view samples of our communication tools, go to www.patientactivator.com/welcome.

I. CONTACT INFORMATION

Practice Name: _____

Primary Dentist Name: _____

Practice Phone #: _____ Practice Fax #: _____

Practice E-mail Address*: _____ Website: _____

Practice Street Address: _____

City: _____ State: _____ ZIP: _____

Office Hours	Mon	Tues	Wed	Thu	Fri	Sat	Sun
AM Start							
PM Stop							

II. PRACTICE BRANDING

1. Do you have a practice logo?

Yes, I will e-mail it to support@patientactivator.com

No, I will select an alternate image and colors from www.patientactivator.com/welcome/colors and list it below:

Alternate Image: _____

Main Color # _____ Accent Color # _____

2. If you have a tagline, please write it here: _____

III. ORAL HEALTH NEWSLETTER

1. EMPHASIS (Check one)

Cosmetic Dentistry

CEREC® Dentistry

General Dentistry

2. MASTHEAD (Check one)

Create your own newsletter name (i.e. Dr. Smith's Newsletter): _____

Use "Oral Health News" as your newsletter title

3. SERVICES AND SPECIALTIES: Please choose up to 9 that you would like to be listed.

Bad Breath Advice and Treatment

Bridges

Crowns

Cosmetic Dentistry

Dentures

Family Dentistry

General and Restorative Dentistry

Implants

Invisible Braces

Natural-Looking Fillings

One-Hour Whitening

Oral Cancer Screening

Periodontal Treatment

Porcelain Veneers

Root Canal Therapy

Single-Visit Crowns

Sleep/Sedation Dentistry

Tooth Whitening

Other: _____

*Responses to e-communication will be sent to this e-mail address.

IV. EDUCATIONAL RECALL CARDS

Please check one: Full-size card Laser postcard Manual postcard

Then choose 2 topics that you would like for your Recall Cards. Please indicate choice 1 ("1" in check box) for the first 6 months and choice 2 ("2" in check box) for the second 6 months.

- | | | |
|---|--|---|
| <input type="checkbox"/> 3 Stages of Tooth Decay | <input type="checkbox"/> Implants and Bridges | <input type="checkbox"/> Preparing Your Child for Dental Visits |
| <input type="checkbox"/> 5 Tips for Healthy Kids' Teeth | <input type="checkbox"/> Inlays and Onlays | <input type="checkbox"/> Sedation Dentistry: Rest Easy |
| <input type="checkbox"/> 5 Reasons to See Your Dentist | <input type="checkbox"/> Invisalign® | <input type="checkbox"/> Silent Nite® |
| <input type="checkbox"/> Anti-aging | <input type="checkbox"/> Laser Dentistry | <input type="checkbox"/> Smile Makeover: Change Your Smile |
| <input type="checkbox"/> Bonding | <input type="checkbox"/> Laser Teeth Whitening | <input type="checkbox"/> Smile Makeover: Get a Celebrity Smile |
| <input type="checkbox"/> Bruxism: Tooth Grinding | <input type="checkbox"/> Lumineers® | <input type="checkbox"/> Smile Makeover |
| <input type="checkbox"/> BreathRx® | <input type="checkbox"/> Oral Cancer: Early Detection | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> CEREC® Crowns | <input type="checkbox"/> Oral Cancer: Safeguard Your Health | <input type="checkbox"/> Take-home Teeth Whitening |
| <input type="checkbox"/> CEREC Dentistry in an Hour | <input type="checkbox"/> Oral Care for Braces | <input type="checkbox"/> Tooth-Colored Fillings |
| <input type="checkbox"/> CEREC Inlays and Onlays | <input type="checkbox"/> Oral Piercing | <input type="checkbox"/> Veneers: Movie Star Smile |
| <input type="checkbox"/> CEREC Veneers | <input type="checkbox"/> OraVerse® | <input type="checkbox"/> Waterlase® |
| <input type="checkbox"/> Crowns | <input type="checkbox"/> Pediatric Calming Techniques | <input type="checkbox"/> Your Mouth and Your Heart |
| <input type="checkbox"/> Dental Checklist for Parents | <input type="checkbox"/> Pediatric Sealants | <input type="checkbox"/> ZOOM!® |
| <input type="checkbox"/> DIAGNOdent® | <input type="checkbox"/> Periodontal Disease: Facts on Gum Disease | |
| <input type="checkbox"/> End of Year Benefits | <input type="checkbox"/> Physically Fit in Dentistry | |
| <input type="checkbox"/> Fluoride | | |
| <input type="checkbox"/> How to Floss | | |
| <input type="checkbox"/> Implants | | |

V. E-COMMUNICATIONS

Choose 6 e-communications TOTAL from the below categories.

E-NEWSLETTERS

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

E-CARDS - Services (S) & Greetings (G)

- | | | |
|---|--|---|
| <input type="checkbox"/> CEREC Before/After (S) | <input type="checkbox"/> Take-home Whitening (S) | <input type="checkbox"/> Dentistry Has Changed (G) |
| <input type="checkbox"/> Laser Whitening (S) | <input type="checkbox"/> Veneers (S) | <input type="checkbox"/> Flash News: Your Mouth & Heart (G) |
| <input type="checkbox"/> Replacing Fillings (S) | <input type="checkbox"/> Complete Makeover (G) | <input type="checkbox"/> We Help You Smile (G) |
| <input type="checkbox"/> Smile Makeover (S) | <input type="checkbox"/> Dentistry Date (G) | |

E-NOTES

- | | | |
|---|--|---|
| <input type="checkbox"/> 4 th of July | <input type="checkbox"/> End of Year Benefits | <input type="checkbox"/> Pediatric Sealants |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Gum Disease | <input type="checkbox"/> Refer Friends and Family |
| <input type="checkbox"/> Biolase®: Many Uses | <input type="checkbox"/> Happy Holidays | <input type="checkbox"/> Sedation Dentistry: Fears To Rest |
| <input type="checkbox"/> Biolase: No Drill, No Pain | <input type="checkbox"/> How to Floss | <input type="checkbox"/> Smile Makeover: First Impression |
| <input type="checkbox"/> Biolase: Quick & Easy | <input type="checkbox"/> Importance of Reg. Checkups | <input type="checkbox"/> Snoring: Sleep Apnea |
| <input type="checkbox"/> CEREC: Achieve | <input type="checkbox"/> Invisalign | <input type="checkbox"/> Snoring: Avg Amount of Sleep |
| <input type="checkbox"/> CEREC: Find Your Perfect Match | <input type="checkbox"/> Jaw Clicking | <input type="checkbox"/> Snoring: Causes |
| <input type="checkbox"/> CEREC: Little Secret | <input type="checkbox"/> Lumineers | <input type="checkbox"/> Snoring or Sleep Apnea? |
| <input type="checkbox"/> CEREC: Restoring Your Smile | <input type="checkbox"/> Mouthguards | <input type="checkbox"/> Soft Tissue Laser |
| <input type="checkbox"/> CEREC: Smile Makeover | <input type="checkbox"/> New Year's | <input type="checkbox"/> St. Patrick's Day |
| <input type="checkbox"/> CEREC: Start New Year | <input type="checkbox"/> OraVerse | <input type="checkbox"/> Valentine's Day |
| <input type="checkbox"/> ClearCorrect™ | <input type="checkbox"/> Oral Cancer Screening | <input type="checkbox"/> ViziLite® |
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Oral Health – Sedation Dentistry: Rest Easy | <input type="checkbox"/> Whitening: Get Ready For Your Close-Up |
| <input type="checkbox"/> DIAGNOdent | <input type="checkbox"/> Pediatric Calming Techniques | <input type="checkbox"/> ZOOM! |

Or contact us if you would like to create your own customized e-notes.

VI. FOLLOW-UP

Is there anything else that you would like us to know or that you care to ask?

Date: _____ Signature: _____

I am authorized to provide, and do offer, the products, brands and services selected above.