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 (800) 879-0288 Toll Free  
 (301) 937-0245 Fax Number  
 www.dentaquest.com

**FACILITY INFORMATION**

**Please complete a separate form for each location.**

<b>Owner of Practice:</b>		<b>Trade Name:</b>				
<b>Address:</b> Street and Suite Number:						
City:		County:		State:		Zip Code:
Business Phone Number: (    )				Fax Number: (    )		
<b>Type of Practice:</b> <input type="checkbox"/> Solo Practitioner <input type="checkbox"/> Associate Practitioner <input type="checkbox"/> Multi-specialty Group Practice						
<b>Type of Facility:</b> <input type="checkbox"/> Medical/Dental Bldg. <input type="checkbox"/> Free Standing Bldg. <input type="checkbox"/> Home Office <input type="checkbox"/> Mall/Strip Shopping Center						
<b>Is the office accessible to the physically disabled?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Ramps Elevators Ground Floor <i>(Please circle appropriate description)</i> <input type="checkbox"/> Other - Please describe:						
<b>Parking Availability:</b> <input type="checkbox"/> Convenient Free Parking <input type="checkbox"/> Convenient Pay Parking <input type="checkbox"/> Handicap Parking <input type="checkbox"/> No Parking						
<b>Closest major intersection or identifying landmark:</b>						
<b>Office Hours</b> - Please enter times below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Name of Office Manager</b> <i>(If applicable):</i>						
<b>Number of:</b> Full Time Hygienists on Staff _____    Part Time Hygienists on Staff _____						
<b>Number of Operatories:</b> Equipped _____    Plumbed _____						
<b>How are your telephones answered when your office is closed?</b> <input type="checkbox"/> Answering Service <input type="checkbox"/> Answering Machine <input type="checkbox"/> Beeper System <input type="checkbox"/> Other - Please describe:						
<b>Do patients have access to emergency care 24 hours a day?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify procedure:						
<b>How are emergency situations handled in your absence, or when the office is closed?</b> <input type="checkbox"/> Associate Practitioners in office <i>Please list the name/address/phone number of the dentist that covers for you in emergency situations or when your office is closed:</i> <input type="checkbox"/> Receptionist refers patient to appropriate specialist <input type="checkbox"/> Not covered <input type="checkbox"/> Other dentist in area covers for me						
<b>Please list any doctors sharing your facility that will be treating DentaQuest members, and indicate if they are a Partner, Associate, or Separate Practice:</b>						
Name	GP/Specialist			Relation to Practice		
<b>Are any members of your staff fluent in any languages other than English? Sign Language?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Please list:						
Name	Position			Language		

