

QUICK REFERENCE GUIDES ASSIGNMENT

Fill this out for your practice. Knowing this information, or at least knowing that you have it all written out, will allow you to feel more confident with your job. These contacts will be the people that will help you out of a jam one day.

Practice Profile

Dentist Name:
Complete Practice Address:
Practice Phone Number:
Practice Fax Number:
Practice Website:
Practice Email Address:
Dentist after hours emergency contact info:
Tax ID:
NPI:
Dentist License #

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Quick Contact List

IT Company:	Practice Management Software:
Contact Name:	Support ID:
Contact Number:	Support Contact Number:
Sales Rep:	Vendor Company:
Sales Rep Phone Number:	Company Phone Number:
Sales Rep:	Vendor Company:
Sales Rep Phone Number:	Company Phone Number:
Equipment Repair	Vendor Company:
Sales Rep Phone Number:	Company Phone Number:
CPR Trainer Name	CPR Trainer Number