

CLIENT QUESTIONNAIRE

Hospital Name: _____

1. How many appointments are scheduled per hour?
2. How many staff members will be on the premises?
3. How many technicians will be on the premises?
4. Do you provide overnight hospitalization?
5. If you provide overnight hospitalization, is there a staff member overnight?
6. Do you provide dental radiographs?
7. Which referral clinic do you prefer to send your patients if needed?
8. Will there be another doctor on site?
9. Are you needing routine surgical services? (see service agreement)
10. Do you require pre surgical bloodwork on your patients undergoing anesthesia?
11. What monitoring equipment does your staff use during anesthesia?

