DENTRIC LABS

New Client Form

Practice Name:_____

Practice Phone Number:_____

Practice Address:

_____

_____

Name of Practice's Point of Contact:_____

Point of Contact's Email:_____

Number of Doctors:_____

Do you have an Intraoral Scanner? ☐ **Yes** ☐ **No**

What Type of Digital Impression System does your Practice use?

☐ **3Shape** ☐ **Medit** ☐ **Sirona** ☐ **Itero** ☐ **Other:**_____

How did you hear about Dentric Labs?:_____

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559-479-4961

Email
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Website
dentriclabs.com