

Dental Marketers Web Page Information

Please Fax the completed form to
Dental Marketers at: 905-265-9999

CLIENT

Dr. Name: _____ Phone: _____ Fax: _____
 Address: _____ City: _____ State/Prov: _____ Zip/Postal: _____
 Present Email Address: _____ Please list any existing domain names / web sites below.

PRACTICE

Practice Name: _____
 Primary Speciality: _____ Building Name: _____
 Tagline /Motto: _____
 Associates or Specialists: _____

List of Dental Services Offered

- | | |
|--|---|
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Children's Dentistry |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Wisdom Teeth | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Periodontal Disease | <input type="checkbox"/> Appliances |
| <input type="checkbox"/> Oral Hygiene | <input type="checkbox"/> Sports Mouth Guards |
| <input type="checkbox"/> I.V. Sedation | |
| <input type="checkbox"/> Oral Sedation | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Laser Dentistry | <input type="checkbox"/> Invisalign |
| <input type="checkbox"/> Soft Tissue | <input type="checkbox"/> Adult Orthodontics |
| <input type="checkbox"/> Hard Tissue | <input type="checkbox"/> Functional Appliances |
| | <input type="checkbox"/> TMJ D |
| <input type="checkbox"/> Cosmetic Dentistry | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Bonding | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> White Fillings | <input type="checkbox"/> Mouth Guards |
| <input type="checkbox"/> Veneers | <input type="checkbox"/> Neuromuscular Dentistry |
| <input type="checkbox"/> Crowns | |
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Specialized Equipment |
| <input type="checkbox"/> Implants | <input type="checkbox"/> CEREC |
| <input type="checkbox"/> ZOOM! Whitening | <input type="checkbox"/> Pharyngometer |
| <input type="checkbox"/> Sapphire Whitening | <input type="checkbox"/> Rhinometer |
| <input type="checkbox"/> Rembrandt Whitening | <input type="checkbox"/> Watch-Pat |
| <input type="checkbox"/> In-Office Whitening | <input type="checkbox"/> Viza-Lite |
| <input type="checkbox"/> Extreme Makeovers! | <input type="checkbox"/> Digital X-Rays |
| | <input type="checkbox"/> VELscope |
| | <input type="checkbox"/> Intra-Oral Photography |
| | <input type="checkbox"/> Diagnodent |

List of Materials to be Supplied

Provide as much data as possible

- | | |
|---------------|--|
| Logo | <input type="checkbox"/> Provided separately |
| | <input type="checkbox"/> Taken from other D.M. materials |
| Bios | <input type="checkbox"/> Doctor's Bio |
| | <input type="checkbox"/> Associates Bios |
| | <input type="checkbox"/> Staff Bios |
| Photos | <input type="checkbox"/> Doctor's Photos |
| | <input type="checkbox"/> Staff Photos |
| | <input type="checkbox"/> Case Studies |
| | <input type="checkbox"/> Office Interior |
| | <input type="checkbox"/> Building |
| | <input type="checkbox"/> Immediate Area |
| Other Text | <input type="checkbox"/> Mission Statements |
| | <input type="checkbox"/> Practice History |
| Special Areas | <input type="checkbox"/> Introductory Specials |
| | <input type="checkbox"/> Time Limited |
| | <input type="checkbox"/> Areas of special concern |
| Links | <input type="checkbox"/> Associations with suppliers |
| | <input type="checkbox"/> Connections with institutions |
| | <input type="checkbox"/> Teaching or Lecturing |
| | <input type="checkbox"/> External Links / Banners |

Please Send All Materials To web@dentalmarketers.com

Domain Names

Owned:

Choice 1: _____
 Choice 2: _____
 Choice 3: _____

Pick Up Mail From: Choose Your Mailbox Names

Destination Boxes
 A: _____ @dental02.com
 B: _____ @dental02.com
 C: _____ @dental02.com

Incoming Mail Addresses

Indicate Destination: A, B or C

List your choice of email addresses @YourDomainName

1. _____ 6. _____
 2. _____ 7. _____
 3. _____ 8. _____
 4. _____ 9. _____
 5. _____ 10. _____