

Dallas County Dental Society Member Profile Form

Please complete front and back, then return via:

EMAIL: *info@dcds.org*

FAX: 972-233-8636 or MAIL: 13633 Omega Road, Dallas, TX 75244

NAME **ADA #** _____
Last _____ First _____ Middle (or initial) _____
Nickname or preferred name _____ Spouse Name _____

GENERAL

Gender: Male Female Birth Date _____
Ethnic Origin: African American American Indian Asian Caucasian Hispanic Other
Do you want your name included on mailing labels? (Labels sold only to DCDS members) Yes No
Do you want to be given as a referral to the public? Yes No Are you incorporated? Yes No
Private Email _____ Public Email _____
Name of practice _____ Website _____

MILITARY SERVICE

Branch _____ Date Service Began _____ Release Date _____

MAILING ADDRESS

PRIMARY: HOME OFFICE ONE OFFICE TWO OFFICE THREE

Home Address _____ Suite _____
City _____ State _____ Zip Code _____
Telephone _____ Cell Phone _____
Office One Address _____ Suite _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____
Office Two Address _____ Suite _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____
Office Three Address _____ Suite _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____

EDUCATION

Dental School _____ *Graduate School* _____
Graduation Year _____ Degree _____ Graduation Year _____ Degree _____
License Number _____ State _____ License Number _____ State _____

SPECIALTY

- General
- Dental Anesthesiology
- Oral & Maxillofacial Pathology
- Oral Medicine
- Pediatric Dentistry
- Dental Public Health
- Oral & Maxillofacial Radiology
- Oral Facial Pain
- Periodontics
- Endodontics
- Oral & Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Prosthodontics

TYPE OF PRACTICE

- Sole Owner
- Full-time (over 30 hours per week)
- Full-time practice/Part-time faculty
- Armed Forces
- Hospital Staff Dentist
- Other Occupation
- Associate
- Part-time (under 30 hours per week)
- Part-time faculty/Part-time practice
- Federal Services
- Graduate Student/Resident
- No longer in practice
- Partner
- Faculty
- State/local government
- Other Non-Dental Student

LANGUAGES SPOKEN IN OFFICES _____

SERVICES OFFERED BY YOUR OFFICES

- Air Abrasion
- Bonding
- Bus Line Available
- Children
- CHIP
- Conscious Sedation
- Cosmetic Dentistry
- Crown & Bridge
- Dentures
- Digital X-Rays
- Emergencies
- Evening Hours
- Friday Hours
- General Anesthesia
- Geriatric Dentistry
- Halitosis
- Headphones
- Homebound Procedures
- Hospital Privileges
- Implant Procedures
- Insurance
- Intra Oral Camera
- IV Sedation
- Laser
- Laser Whitening
- Lingual Braces
- Medicaid
- Medically Compromised
- Mentally Handicapped
- Nitrous Oxide
- No Latex Used
- Nursing Home
- On-Site Lab
- Partial
- Payment Plans
- Physically Handicapped
- Portable Equipment
- Restorative Dentistry
- Root Canals
- Saturday Hours
- Sealants
- Senior Citizens Discount
- Sign Language
- Sliding Fee Scale
- TMJ
- Ultrasonic Cleaning
- Whitening Procedures
- Worker's Compensation

AFFILIATIONS

Are you related to another dentist? Yes No If so, who? _____

Do you know an elected official well enough to call him/her? Yes No

If so, who? _____ Position _____

TO RECEIVE TEXT MESSAGE REMINDERS FOR DCDS MEETINGS & EVENTS, TEXT DCDSMEMBERS TO 41411.