

APPLICATION FORM

Your Dentist is a unique system to help you market your dental practice, simply and effectively.

YOUR DENTIST NEWSLETTERS

Your Dentist patient newsletters are published regularly and are supplied to your practice fully customised with information including the name, address and telephone number of your practice, names of the dentists, opening hours, services offered and more. In fact, you decide exactly what is included.

To see a sample of the newsletters and how your information will be presented, simply complete this application form with **no obligation** whatsoever. When we receive it, we will send you a copy of the several newsletters already available, a copy of your typeset details, marketing tips and an order form.

YOUR DENTIST WEBSITES

Your Dentist also has its own award winning website located at <http://www.dentist.com.au>

Basic information about every dental practice in Australia is listed here in a **Find-A-Dentist** service. When you subscribe to any edition of the Your Dentist Newsletters in a calendar year, we expand your basic listing in the website to become a custom webpage at no extra cost. You can also use this form to order a web site only.

Not only does this quickly and easily provide your practice with an internet webpage, it also ensures your information is in a central location where everyone on the 'net will be able to easily locate it. All your vital information is stored in a database where prospective patients can search for a dentist based on name, location, registered specialty, gender of practitioner, languages spoken by practitioner, disabled and emergency facilities and more.

Your expanded listing will receive priority in searches and we can also name your page so you can use it in your advertising so your clients can easily locate it: www.dentist.com.au/yourpracticename

A demo website listing is located at: www.dentist.com.au/demo

To start using the Your Dentist system, simply:

1. Fill in this form with all your practice information
2. For your website, optionally include:
 - A photo of Your Practice and Your Logo; or
 - 2 Photos of Your Practice
 - And a photo of each dentist, hygienist and therapist
3. Return this form to us for processing with any applicable payment (see back of form).

Websites are processed on receipt of this form and will be available online the following Monday.

Australia: www.dentist.com.au
New Zealand: www.dentist.org.nz

YOUR DENTIST - NEWSLETTER & WEBPAGE APPLICATION

BASIC PRACTICE INFORMATION

Practice Name: _____

Address (No PO Boxes please):

Suburb: _____ State: _____ Postcode: _____

Telephone: () _____ Facsimile: () _____

Practice Email Address: _____ @ _____

Existing Practice Website:
<http://> _____

OR please suggest a name for your page:
www.dentist.com.au/ _____

EXACT LOCATION

Please describe the exact location of your practice and any special instructions that will help patients find where you are:

AFTER HOURS EMERGENCIES

Visitors to the website will be able to search for practices that offer a TRUE After Hours Emergency Service. PLEASE only complete this section if you really do offer an on call after hours service:

After Hours Emergency Telephone Number: _____

After Hours Emergency Procedure:

DISABLED FACILITIES

Please indicate if your practice has facilities for the disabled:

OPENING HOURS

Please list the opening and closing times of your practice and circle AM or PM. Cross out days that your practice is closed.








	Opening Time	Closing Time
Monday	• AM • PM	• AM • PM
Tuesday	• AM • PM	• AM • PM
Wednesday	• AM • PM	• AM • PM
Thursday	• AM • PM	• AM • PM
Friday	• AM • PM	• AM • PM
Saturday	• AM • PM	• AM • PM
Sunday	• AM • PM	• AM • PM

PARKING

Please detail if and where parking is available for your patients either at your practice, on the street or in a nearby car parking station:

PAYMENT OPTIONS

Please indicate the methods of payment accepted by your practice:

<input type="checkbox"/> 	<input type="checkbox"/> CASH
<input type="checkbox"/> 	<input type="checkbox"/> CHEQUE
<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> OPTUS health
	<input type="checkbox"/> MEDIplan

TREATMENT OPTIONS

Please indicate if your practice offers the following treatment options:

<input type="checkbox"/> Nitrous Oxide	<input type="checkbox"/> CEREC	<input type="checkbox"/> Dental implants
<input type="checkbox"/> IV Sedation	<input type="checkbox"/> Invisalign	<input type="checkbox"/> Air Abrasion
<input type="checkbox"/> General Anaesthesia	<input type="checkbox"/> Laser	
<input type="checkbox"/> Other.....		

YOUR DENTIST - NEWSLETTER & WEBPAGE APPLICATION

DENTISTS & HYGIENISTS WHO WORK AT YOUR PRACTICE

Please list all the Dentists, Hygienists and Therapists who work at your practice. Please photocopy this form if there are more than four.

Dentist Name:		
Registered Speciality (ie General Dentist, Orthodontist, Hygienist, etc):		
Gender: M / F	ADA Member: Yes / No	Year Reg'd: 19 _ _
Languages Spoken:		
Personal Email Address: @		
Biographical Information/Qualifications (Attach a separate sheet if required):		

Dentist Name:		
Registered Speciality (ie General Dentist, Orthodontist, Hygienist, etc):		
Gender: M / F	ADA Member: Yes / No	Year Reg'd: 19 _ _
Languages Spoken:		
Personal Email Address: @		
Biographical Information/Qualifications (Attach a separate sheet if required):		

Dentist Name:		
Registered Speciality (ie General Dentist, Orthodontist, Hygienist, etc):		
Gender: M / F	ADA Member: Yes / No	Year Reg'd: 19 _ _
Languages Spoken:		
Personal Email Address: @		
Biographical Information/Qualifications (Attach a separate sheet if required):		

Dentist Name:		
Registered Speciality (ie General Dentist, Orthodontist, Hygienist, etc):		
Gender: M / F	ADA Member: Yes / No	Year Reg'd: 19 _ _
Languages Spoken:		
Personal Email Address: @		
Biographical Information/Qualifications (Attach a separate sheet if required):		

SERVICES OFFERED BY YOUR PRACTICE

Please give a detailed description of the services your practice offers:

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WEB SITE PHOTOGRAPHS

You may optionally include photographs of you and your practice in your listing at any time. You can include:

1. A photo of your practice
2. The logo of your practice or an additional photo of your practice
3. A photo of each Dentist and Hygienist

All you need to do is send us the photographs and we will scan them and return them to you. We can scan your colour logo from a business card or letterhead.

Please clearly label each photograph of dentists/hygienists with their name so we can identify them easily.

WEB SITE COLOURS

Please choose one of the colour schemes listed below for your webpage:

- 1. Blue and white - see www.dentist.com.au/democolour1
- 2. Blue and yellow - see www.dentist.com.au/democolour2
- 3. Tan and yellow - see www.dentist.com.au/democolour3
- 4. Green/light green - see www.dentist.com.au/democolour4
- 5. Green and white - see www.dentist.com.au/democolour5

ORDER FORM

Please choose one of the following options:

- OPTION 1** - Please accept my application for Your Dentist dental patient newsletters. Please send me a copy of how my details will look on the newsletters together with an order form. I understand that by ordering the newsletter for my patients, I also receive a FREE website for 12 months. **SEND NO PAYMENT NOW.**



Your Dentist patient newsletters are a custom marketing tool for your practice. We regularly produce new newsletters which includes all your practice information including location, services, opening hours, practitioners and more. Plus, you will receive regular tips to help you market your practice. If you choose this option, we will use the information from this form to produce a sample of how your details will look on the front of the newsletter for you at no obligation. If you then choose to order the patient newsletters, you automatically receive a full listing on the website FREE for 12 months.

- OPTION 2** - I am a subscriber to Australasian Dental Practice magazine. Please upgrade my website at a cost of **\$100*** for 12 months.

- OPTION 3** - Please enrol me as a subscriber to Australasian Dental Practice and upgrade my website at a cost of **\$199*** for 12 months.



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Australasian Dental Practice is published every two months and in addition to the magazine, you also receive a copy of Auxiliary magazine and Yearbook, plus any other supplements we produce. Subscriptions are \$99 per annum and entitle you to a 50% discount on Your Dentist webpages. Every edition is packed full of useful information on business, management, finance, new products and more.

- OPTION 4** - Please upgrade my website at a cost of **\$200*** for 12 months.

* Including GST.

Main Street Publishing Pty Ltd

TAX INVOICE

ABN: 74 065 490 655

- I enclose a cheque/money order to Your Dentist for \$_____ or please charge my credit card as follows:

Type of Card: Expiry Date: ____/____/____

Card Number:

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Cardholder Name:.....Signature:.....Today's Date:.....

Please mail this form to: Reply Paid 1552, Your Dentist, GPO Box 1481, Sydney NSW 2001

Forms without accompanying photographs which use a credit card to pay may be faxed to (02) 9438-2999

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Email: info@dentist.com.au • More info and PDF's of current newsletters can be found at: www.dentalpractice.com.au

A sample website is located at www.dentist.com.au/demo