

ADDITIONAL PRACTICE

Practice Name:							
Practice Address:							
Practice Phone:				Practice Fax:			
Practice Email:			Practice Website:				
Practice Type (please identify):		Private / SA Dental Service / Health Fund / Armed Forces / University / Other.....					
Employment Type (please identify):		Sole Owner / Partner / Associate / Government / Casual / Contracted / Employee / Locum / Other					
Practice Owner's Name:		Principle Dentist's Name:		Practice Manager's Name:			
Practice Focus if any (e.g. Orthodontics, Aged Care)			Practice Restricted Focus to (e.g. Paediatrics, Aged, Endodontics):				
Practice Hours Week Days		Practice Hours Evenings		Practice Hours Weekend			
Do you have a current AMADA Accreditation :		YES / NO	Year of Certification:		Does your practice have Wheelchair Access:		YES / NO
Does your practice participate in the following dental schemes (please tick):							
SADS General Dental Scheme (GDS)			SADS School Leaver Postcard			Medicare ' Cleft Lip' Scheme	
SADS Emergency Dental Scheme (EDS)			SADS Lift the Lip			DVA	
SADS Pensioner Dental Scheme (PDS)			'Give a Smile' Scheme			Workcover	
Does your practice provide the following services (please tick):							
Nursing Home Care			Palliative Care			Supported Residential Facilities	
No. Of Chairs in Practice			Within current practice hrs how many extra patients could you treat/week				
Do you wish this practice to be busier than at present				YES/NO	If yes, No. Of dentist hrs/week		
Does your practice utilise Service Trust			YES / NO	Does your practice have Pty Ltd Co attached			YES / NO
No. Of dentist working at practice			No. Of DA's/Nurses working at practice			No. Of hygienists working at practice	
Total hours of dentists working at practice			Total hours of DA's/Nurses working at practice			Total hours of hygienists working at practice	
No. Of technicians working at practice			No. Of prosthetists working at practice			No. Of Therapists working at practice	
Total hours of technicians working at practice			Total hours of prosthetists working at practice			Total hours of Therapists working at practice	
Do any specialist visit this practice			YES / NO	Name of specialist			
Specialist area					Average hours worked/month		

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Practice Hours Week Days		Practice Hours Evenings		Practice Hours Weekend			
Does your practice have Wheelchair Access:		YES / NO					
Does your practice participate in the following dental schemes (please tick):							
SADS General Dental Scheme (GDS)				SADS School Leaver Postcard			
						Medicare 'Cleft Lip' Scheme	
SADS Emergency Dental Scheme (EDS)				SADS Lift the Lip			
						DVA	
SADS Pensioner Dental Scheme (PDS)				'Give a Smile' Scheme			
						Workcover	
Does your practice provide the following services (please tick):							
Nursing Home Care				Palliative Care			
						Home Visits	
						Supported Residential Facilities	
No. Of Chairs in Practice				Within current practice hrs how many extra patients could you treat/week			
Do you wish this practice to be busier than at present				YES/NO		If yes, No. Of dentist hrs/week	
Does your practice utilise Service Trust			YES / NO		Does your practice have Pty Ltd Co attached		YES / NO
No. Of dentist working at practice		No. Of DA's/Nurses working at practice		No. Of hygienists working at practice		No. Of therapists working at practice	
Total hours of dentists working at practice		Total hours of DA's/Nurses working at practice		Total hours of hygienists working at practice		Total hours of therapists working at practice	
No. Of technicians working at practice		No. Of prosthetists working at practice		No. Of office staff working at practice		No. Of Therapists working at practice	
Total hours of technicians working at practice		Total hours of prosthetists working at practice		Total hours of office staff working at practice		Total hours of Therapists working at practice	
Do any specialist visit this practice			YES / NO		Name of specialist		
Specialist area				Average hours worked/month			