DPG Membership Form

Contact Information

Practice Name	
Street Address	
City, State, ZIP Code	
Owners Name	
Dentist License #	
Practice Contact Name	
Work Phone	
E-Mail Address	

Availability – During which day are you typically available for an on-boarding call?

Please circle the best day:

M TU W TH F

Interests – Please tell us which areas you are interested in by *circling all that apply*:

** **Supplies** – All Clinical supplies, Adhesives, Composites, Toothpaste, Varnish, Whitening products, Burs, Implants, Clear Aligners, Dental Labs, Intraoral Scanners, Diode Lasers, Curing Lights, Business Office supplies, Ink/Toner, Handpiece repair, Precious Metal Refinery

** **Financial** – Retirement plans, Wealth Mgt., Credit Card processing, Banking, Practice Loans, Accounting, Bookeeping, Payroll, Collections, UCR analysis, Dental Billing, Credentialing, Ins. Verification, Insurance Negotiation

** **Other** – IT, Marketing, Social Media, Websites, SEO, Direct Mail, Patient Communication Software, Practice Mgt software, HR Specialist, Compliance, HIPPA, OSHA, Leadership, Coaching, Training, Hiring, In-house Membership Plans, Other interests?_____

Additional Practice Information (as applicable for multiple locations)

Practice Name	
Street Address	
City, State, ZIP Code	
Owners Name	
Practice Contact Name	
Work Phone	
E-Mail Address	

Individual Authorized To Initiate DPG Membership

Printed Name	
Date	

DPG may receive administrative fees from vendors in the network based on the purchases from its members.

***This is an authorization form to become a member of DPG – Dental Purchasing Group**

Enjoy your complimentary DPG membership courtesy of the AACD!

Please email to SAJ@DentalPurchasingGroup.com , text a pic to 978-609-4281 or fax to: 978-860-2914