

# Facility profile

## Facility Information

Group Practice:    No    Yes, enter name:

Facility name (DBA):

General dentist    Specialist (indicate specialty):

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_ NPI: \_\_\_\_\_ NPI Type: \_\_\_\_\_

Business email address:

Secondary email address:

Mailing address (if different from above):

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Type of practice:

Solo	Clinic	Essential Community Provider
Group	Dental school	Federally Qualified Health Clinic (FQHC)
Other:		

Does this facility offer amalgam restorations?    Yes    No

Does this facility offer panoramic x-rays?    Yes    No

Does this facility offer nitrous oxide?    Yes    No

Does this facility offer IV sedation?    Yes    No

Does this facility offer general anesthesia?    Yes    No

Does this dentist have hospital privileges?    Yes    No

Does this facility have on-site laboratory?    Yes    No

If yes:    Complete    Limited

## Directory Information

Services/amenities provided at this facility (check all that apply):

Accessible by public transportation	Free parking
Early morning appointments (before 9 am)	Evening appointments (after 5 pm)
Treats special needs adults	Treats children
Treats special needs children	Number of operatories:

Languages spoken other than English:

Office hours:						
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>

Wheelchair accessibility:  
To be listed as wheelchair accessible facility must meet functional accessibility guidelines.

<b>Indicate if your facility meets these guidelines.</b>	<b>Yes</b>	<b>No</b>
Doorways and entrances to the building and office are at least 32" wide.		
Hallways are at least 36" wide, with sufficient room for a wheelchair to make necessary turns.		
There is enough room for a wheelchair user to travel from the waiting area to the treatment area.		
The restroom has an accessible doorway, at least 48" of clear floor space, and grab bars to allow transfer to/from a wheelchair.		
The building or office is accessible by more than stairs or a steep slope.		
If the building has parking facilities, there are parking spaces reserved for people with disabilities.		

### Dentist(s) Information

Contract holder/owner	License number	State	Exp. date	Primary location		Cred. packet attached	
				Yes	No	Yes	No
Associate name(s)							
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

List any additional associates on a separate sheet.

I attest that the information in this form is true and complete to the best of my knowledge.

Dentist signature:    Date:	OR	Office representative signature:  Title: _____ Date: _____
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