

This form will send your details to Ortho-Care (UK) Ltd

Contact Details

Title (Mr, Mrs, Dr, Ms): _____

Initials: _____

Surname: _____

Qualifications: _____

Person responsible for paying ACC: _____

Address line 1: _____

Address line 2: _____

County: _____

Postcode: _____

Country: _____

Telephone number: _____

Fax number: _____

Email: _____

Website: _____

Contact name: _____

Do you currently have an account with Ortho-Care?

If yes, please give account number:

GDC No:

Already have an account? Please ignore the below details, save the file then email it to: info@orthocare.co.uk

Type of Account

Type of business:

Other description:

Orthodontist

How many days at this practice:

Any other orthodontists working at your practice:

If yes, please supply the name/s of the orthodontist/s:

Where are you currently buying the bulk of your orthodontic supplies from?:

General Practitioner / Laboratory

Will you be buying from us again?

Please note that a credit check will be undertaken by our accounts team.

Additional Information

Would you like a visit from my local representative? (by appointment only):

Would you like us to send you our catalogue and Price list?:

Would you like us to add you to our mailing list?:

Please tell us the products you are interested in?:

Would you prefer to have your Invoices/Statements emailed to you? If so please provide an email address:

Please note that we will contact you using the details given above to request a password, which will enable you to login to our on-line catalogue.

T: 01274 533233 www.orthocare.co.uk . info@orthocare.co.uk