

**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](mailto: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?

\* 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.**

The privacy and security of your personal information is extremely important to us, to see our Privacy Policy please click [HERE](#)

**T: 01274 533233** [www.orthocare.co.uk](http://www.orthocare.co.uk) . [info@orthocare.co.uk](mailto:info@orthocare.co.uk)