

Please complete this form, save to your computer
and email saved version to info@orthocare.co.uk



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 and just require online ordering set up?...

Please ensure address and account number above is complete and choose a
unique password: _____

Please save this document to your computer and email saved version to info@orthocare.co.uk
(no need to complete below section)

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?: _____

A credit check will be undertaken by our accounts team, is this acceptable?

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?: _____

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