



Excel Studios **Customer Profile**

Date: _____

Customer

1. Name: _____
2. Dental Practice Name: _____
3. Address: _____
4. Telephone Business: _____/Home _____
5. Doctors Email: _____
6. Birth Date: _____/ Hometown _____
7. Military Service: _____/Branch Rank _____
8. Dental School Attended: _____/Year Graduated _____

Family

9. Spouses Name: _____
10. Children, If any, Names/ Ages _____
11. Anniversary _____

Office Staff

12. Office Managers Name: _____
13. Main Office Email: _____
14. Person to contact when (O/M) is not in: _____
15. Office Account Payables Name: _____
16. Names of Aux Staff: _____

Associations & Interest

17. Professional or Trade Associations CDA/ AACD/ SPEAR: _____

18. Professional Achievements: _____
19. Favorite Dental Publications: _____
20. Which Dental Meetings do you attend: _____

21. Where do you receive C.E's from Online/ Local chapter/ General Meetings: _____

Email App to images@weknowsmiles.org or Fax it to 818-885-7646