

New Dr. & Preference Form

With this form completed, we can better serve you and get to know you and your practice fast and efficiently. Information here will be entered into your account when we build your LabStar profile. Any preferences you add here will be populated on every Work Ticket to be seen by any technician. Here is your chance to start things out with McTech right.

Bio

- Dr.'s Full Name & Title: _____
- Gender: _____
- Birthday: _____
- License #: _____
- NPI #: _____
- Personal email (optional): _____
- Dr. Cell (optional): _____

Business

- Business or office Name: _____
- Office email: _____
- Office Phone: _____
- Office Fax: _____
- Address: _____
- Billing Address, if different: _____
- Shipping Address, if different: _____
- Website: _____

- Hours of operation:
 - Sunday: _____
 - Monday: _____
 - Tuesday: _____
 - Wednesday: _____
 - Thursday: _____
 - Friday: _____
 - Saturday: _____

McTECH DENTAL
BRIDGING TECHNOLOGY AND ARTISTRY

