



Update Denturist Office Information

Fax the completed form to 613-902-2840.

WHICH DACnet FORM TO USE.
Denturist is joining office Do <u>not</u> use this form if the Denturist is a new to DACnet. Use this form if the denturist is already on DACnet and you are <u>adding them to your location</u> .
Denturist is leaving office Use this form to remove the denturist from this office. Use the DACnet Subscription Agreement form to add the denturist to another location.
Practice is moving or closing Use this form to change practice address and contact information, if the entire practice is moving to a location where there has not been a denturist office. The DACnet office number moves with the practice.
Practice is sold Use this form to remove current denturists from this office. Use DACnet Subscription Agreement form to add incoming denturists to this office and outgoing denturists to another office. The DACnet office number stays with the <u>physical location</u> .
Adding a second location Use this form if you are adding a second clinic location

1. Indicate Current Office Information (Current office information must be completed)

DACnet Office Number: ___ ___ ___ Office Name: _____

Office Contact Name: _____

Address 1: _____

Address 2: _____

City, Province, Postal Code: _____

Telephone: () Fax: () _____

Office Email: _____ Practice Software: _____

2. Office is Moving, Closing or there is a Change to Office Information

- Office is: **Closing** (Will no longer be a denturist office at the current location.)
- Moving** to a different location and all denturists in office are moving to different location. Indicate new office information below including the effective date.
- Updating office information.** Indicate only the information that is changing below and the effective date. Complete Section 3 below to remove a denturist from the current location.
- Adding a second Location.** Adding a second clinic location under the current denturist name. Complete Section 3 below to add a denturist from the current location.

Office Name: _____

Address 1: _____

Address 2: _____

City, Province, Postal Code: _____

Telephone: () Fax: () _____

Office Email: _____ Practice Software: _____

Effective Date: DD ____ MM ____ YY ____

3. Complete to Remove and/or add a Denturist to and/or from this DACnet location

Adding a Denturist: Denturist Name: First _____ Last _____

Denturist UIN: _____ Effective Date: DD ____ MM ____ YY ____

Removing a Denturist: Denturist Name: First _____ Last _____

Denturist UIN: _____ Effective Date: DD ____ MM ____ YY ____

4. Sign the completed form and fax to DACnet at 613-902-2840. (This section must be completed.)

_____ _____ DD ____ MM ____ YY ____

Completed by Authorized signature (no stamps) Date