



**Update Denturist Office Information**

**Fax the completed form to 613-902-2840.**

WHICH DACnet™ FORM TO USE.
<b>Denturist is joining office</b> 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 adding them to your location.
<b>Denturist is leaving office</b> Use this form to remove the denturist from this office. Use the DACnet™ Subscription Agreement form to add the denturist to another location.
<b>Practice is moving or closing</b> 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.
<b>Practice is sold</b> 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 physical location.
<b>Adding an Additional location</b> Use this form if you are adding an additional 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, there is a Change to Office Information or Adding an Additional Location**

- 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 an Additional Location.** Adding an additional 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 \_\_\_\_

Office ID: \_\_\_\_\_

Removing a Denturist: Denturist Name: First \_\_\_\_\_ Last \_\_\_\_\_

Denturist UIN: \_\_\_\_\_ Effective Date: DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

Office ID: \_\_\_\_\_

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

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Authorized signature (no stamps)

DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_