

Mystery Shop DDS

Thank you for your interest in our Mystery Shop DDS service!
Please complete one form for each dentist at each location and fax it to
800-439-8914.

Practice name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Doctor name(s) _____

Doctor Specialties (if any) _____

Personal e-mail _____

*Please note that your personal e-mail address will be used for confidential mystery shopper correspondence.

When would you like for your office to be mystery shopped?

- Monday Tuesday Wednesday Thursday Friday
 Pacific Mountain Central Eastern
 7-9 am 9-11 am 11-1 pm 1-3 pm 3-5 pm 5-7 pm

What prompted you to request a mystery shop?

- Low new patient numbers Want to improve customer service
 Other _____

What advertising/marketing sources do you want us to mention if we are asked how we heard about your practice during the mystery shop?

- Welcome Wagon Yellow Pages Direct mail
 Website Newspaper Other _____

What are your top three referral sources?



Are any of your doctors PPO providers? If yes, which plans? _____

Would you like for us to provide information about patient insurance? _____ If so, which plan(s)?
 Delta _____ Cigna _____ Other _____

Does your practice offer:
 Invisalign Whitening Orthodontics Implants

Does your practice have a website? If so, what is the address?

Are your new patients seen by the doctor first, hygienist first or either provider?

Can a new patient get their teeth cleaned at their first visit?

Please list your most difficult New Patient scenarios that you'd like for us to address in our Mystery Shops:

Anything else we should know?



\$99/month

Credit card information:

Type (circle one) Visa MasterCard American Express Discover

Number _____

Exp. _____ CVV2 _____

Name as it appears on card _____

Billing address _____

City _____ State _____ Zip _____

Signature _____

If you have any questions, please call 866-322-6224, and a member of our team will be happy to assist you.

