

To be filled in and Sent back to Jainam Health Services Pvt. Ltd.

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Medical Centre / Physician: _____
- Address : _____
- Area: _____ City : _____ Pin Code : _____ State : _____
- Nearest railway station: _____
- Established since: _____ Built-up area: _____
- Landmark if any : _____ Way to approach: _____
- Accreditation: ISO: ____ since: ____ from: ____
AACD: ____ since: ____ from: ____
Other: _____

TIMINGS-

Slots	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning slot timings							
Slot 2 timings							

COMMUNICATION MODES-

- STD code: _____ Tel no: _____ Alternative Tel No: _____
- FAX: _____ Mobile: _____
- Email : _____ Website : _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

<input type="checkbox"/> Waiting area	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Car parking	<input type="checkbox"/> Toilet
<input type="checkbox"/> E- reporting	<input type="checkbox"/> PHR / EMR
<input type="checkbox"/> Attachments to hospitals in case of emergency	<input type="checkbox"/> Individual therapy rooms
	<input type="checkbox"/> In-house dispensary
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

ADVANCED FACILITIES-

Sr No.	Equipments	Availability	Brand/ Make of equipment
1	Dental chairs	<input type="checkbox"/>	
2	Air compressors	<input type="checkbox"/>	
3	Suction units	<input type="checkbox"/>	

4	X-ray equipments and generators	<input type="checkbox"/>	
5	Vaccum autoclaves	<input type="checkbox"/>	
6	Thermo disinfectors	<input type="checkbox"/>	
7	Water distillers	<input type="checkbox"/>	
8	Curling lights	<input type="checkbox"/>	
9	Endodontic motors	<input type="checkbox"/>	
10	Capsule mixing units	<input type="checkbox"/>	
11	Apex motors	<input type="checkbox"/>	
12	Dental implant and surgical motors	<input type="checkbox"/>	
13	Dental hand pieces	<input type="checkbox"/>	
14	Ultrasonic scalars	<input type="checkbox"/>	
15	Hand piece oiler	<input type="checkbox"/>	

TREATMENTS-

1st consultation charges: _____ Discounted charges: _____ Med. Incl.in consultation fees: Yes / No

1st free consultation availability: _____ Flat discount given if any: _____

Treatment Options	Method, description and duration	Charges	Discounted rates
<u>PREVENTIVE DENTAL CARE</u>			
Professional clean up			
Sealants			
Tropical fluoride Rx			
<u>COSMETIC DENTISTRY</u>			
Veneers			
Bonding			
Ceramic crown			
Tooth whitening			
De-pigmentation of germs			
Re-contouring of teeth			
Re-placement of crown			
Smile enhancement			
Breaching			
<u>BASIC DENTAIL TREATEMENT</u>			
Painless root canal			
Cavity filling			
Coloring of teeth			
White filling			
Silver filling			
Crown and bridges			
Orthodontic treatment			
Basic extraction			
Surgical extraction of impacted teeth			

Complete / Partial dentures			
Extraction of tooth			
Scaling/ cleaning			
OTHERS			
Dental implants			
Periodontal gum surgery			
Full mouth rehabilitation			
Implant supported dentures			

Other treatments if any: _____

ATTACHED CONSULTANTS/ SPECIALITIES-

DOCTOR NAME	SPECIALTY	CONTACT NO.	CONSULTATION DAYS & TIMINGS	AVAILABILITY OF FOLLOWING MODES OF CONSULTATION			EMAIL
				Tele	Web	Email	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER CHAINS/CENTRES IF AVAILABLE:

Name of the centre	Address	City	Contact person	Contact No.	Email

Along with information mentioned above, kindly attach the original photographs of Clinic / Centre inclusive of,
 - Waiting room
 - Main consultation area / treatment room
 - Area outside Clinic / Centre
 - Consulting doctors
 - Attach a brochure if available

Authorized Signatory

Stamp