



THE **Showcase** &
Web Page
QUESTIONNAIRE GUIDE

This Questionnaire Guide is provided to help you gather your program assets. This is only a guide, so write all over it. Provide whatever you would like to provide. The more pictures the better. We are available by telephone to answer any questions. We are here to help you!

916-988.2323 TEL. 916-989.3133 FAX.
 email: misty@infostarproductions.com
 or greg.sconce@sbcglobal.net

QUESTIONNAIRE GUIDE & PHOTOS: Please send us this guide and accompanying photographs, brochures, etc. as soon as possible (within a week is best – two weeks maximum). Once we receive your material it will take approximately two weeks before your program will be completed.

Mail Questionnaire Guide and Photos to:
InfoStar Productions
5349 Long Canyon Drive
Fair Oaks, CA 95628

PRACTICE CONTACT INFORMATION:

PRACTICE NAME _____
 DOCTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE _____ BACK LINE _____ FAX _____
 EMAIL _____ WEBSITE _____
 DAYS & HOURS OPEN _____
 ALTERNATE CONTACT PERSON _____

Type of practice: (check any combination)

- | | | |
|--|---|--|
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> General & Cosmetic | <input type="checkbox"/> General & Orthodontic |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Periodontal | <input type="checkbox"/> Orthodontic |
| <input type="checkbox"/> Aesthetic Dentistry | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> _____ |

Practice Logo:

If you would like to include your logo please provide a digital copy, art-work or a clean copy of your practice logo.

Office Photos:

Take pictures of the interior of the office; reception area, front desk, operatory, etc.

What services would you like to focus on?

1. Please check the appropriate boxes for the "services" you WANT TO PROMOTE.
2. To the right... grade 1 through 12 (1 being most important) the procedures.

- Cosmetic Dentistry _____
- Restorative Services _____
- Periodontal Therapy _____
- Dental Implants _____
- TMJ / TMD Therapy _____
- Orthodontics _____
- Pediatrics _____
- Sleep Dentistry "DOCS" _____
- Other _____
- Other _____

Treatments & Procedures

Please check the appropriate boxes for **treatment or procedures** THAT YOU WANT TO SHOWCASE. This information will assist us in choosing the proper library screens and determine the cohesive progression of your program. *We suggest you send action pictures using the equipment*

Check the procedures and equipment you want us to include in your program

- Tooth Whitening (Professional Custom Take-Home Kit)
- Single Visit Tooth Whitening Product used: _____
- X-Rays: Digital Film Refer out for x-rays
- Panoramic Digital Film Digital Ceph Other _____
- Intra-Oral Camera
- DiagnoDent Cavity Detection Other _____
- Micro Ultrasonic Scaling
- Laser Therapy: Soft Tissue Hard Tissue Both Type _____
- Composite Fillings
- Veneers: Porcelain Lumineers
- Inlays / Onlays: Gold Tooth Colored
- CEREC Other _____
- Sedation: Oral Nitrous Oxide IV
- Other _____
- Other _____
- Other _____
- Orthodontics:
- Wire Braces: Clear Colored Metal All
- Invisalign
- Types of Appliances Used _____
- Use headgears
- Other _____

Anything Special: _____

Doctor Bio

PRIMARY DOCTOR NAME _____

WHAT TYPE OF DENTISTRY DEGREE: D.D.S. D.M.D.

WHERE DID YOU RECEIVE YOUR Degree? _____
In What Year? _____

LIST ANY SPECIALTY TRAINING: _____

LIST PRIMARY DOCTOR'S PROFESSIONAL MEMBERSHIPS: _____

LIST ANY OTHER MEMBERSHIPS (i.e. Chamber of Commerce, Charities, etc) AND
LIST PRIMARY DOCTOR'S HOBBIES AND/OR FAMILY NEWS: _____

Note: For use in a web page please attach a longer biography.

PLEASE PROVIDE A SEPARATE PAGE FOR ADDITIONAL DOCTORS

Doctor Photos

- Doctor portrait
- Doctor working with patient
- Doctor explaining/talking to patient
- Doctor or staff using special equipment
- If multiple doctors – Group picture

NOTE: You may also want to send hobby photos, travel photos, community involvement photos, etc.

Clinical Team

This section is to introduce your back-office personnel. Please make sure names and titles are spelled correctly.

SAMPLE JOB TITLES: RDH, RDH-EF, RDA-EF, RDA, DA, Clinical Assistant, Lab Tech, Chair-side Assistance, etc.

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

Clinical Team Photos

- Individual Team member portrait
- Team Group picture
- RDH - Explaining home care techniques
- RDA/DA - Assisting chair-side
- Sterilization or Cleaning room

Front Office Team

This section is to introduce your front-office personnel. Please make sure First Names (only) and titles are spelled correctly.

SAMPLE JOB TITLES: Office Manager - Financial Coordinator - Receptionist - Administrator - Scheduling Coordinator - Treatment Coordinator - Appointment Specialist
Please note: FRONT OFFICE PERSONNEL WITHOUT A GIVEN TITLE WILL BE LISTED AS "Front Desk".

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

Clinical Team Photos

- Individual Team member portrait
- Team Group picture
- On-the-telephone
- Greeting a patient
- Discussing Treatment Plan

Office Policies

Obviously every practice has their own policies concerning a number of day-in and day-out situations.

- We submit insurance claims on behalf of our patients with insurance companies paying our office directly. Yes No
- Full payment is due at the time of appointment. Yes No
- Patients estimated portion (deductible) due at time of service. Yes No
- We have in-house financing. Yes No
- We refer outside dental financial companies to our patients. Yes No

Appointment Cancellation Policy: _____

SUBMIT YOUR OWN CASES

We have plenty of case illustrations in our stock library; however, you are welcome to include your own case illustrations. If your illustration includes a facial picture, please include a photo sign off form (form example included herein), or a statement from the doctor authorizing InfoStar the use of the pictures.

CASE ILLUSTRATIONS

It is best to submit both a before and after photo of your close up case illustration. If possible submit before and after headshots as well to show the finished smile and a happy, smiling patient.

Testimonials and your personal case illustrations help sell dentistry.

The more pictures, the better! You may provide personal photographs as well. High-resolution digital photos are BEST; however, we do accept prints as well. You can send your digital photos on a CD, email them to us, or simply send us your cameras memory card. We will return your memory card. Please indicate if you wish for us to return certain photographs; otherwise we keep the photos in your file. Make a list of the picture and a corresponding guide of names. We need to know who is who.

NOTICE: It is important to have a patient sign a release form. See a sample form on the last page of this Guide. We recommend you review any release form with your legal counsel.

Audible Web Pages

**Google™
BE FOUND!**



We're the Experts at driving New Patients to your Practice

For Web Page only

Existing Domain Name: _____

Log-in name: _____ Password: _____

Web Page contact person: _____ Telephone _____

Email Address _____

Select a Web page Design: Please review the www.infostardentalwebsites.com web site. Review the sample designs at the bottom right corner of the screen. Let us know which design you like and in what color, and we will create a web page design with the look that you desire. If you have something different in mind, please direct us to a sample and we will create something from the ground up for you.

Office Building Photos

Take several picture of the outside of your office building from different angles.

Any parking instructions: _____

Day of week the office is open:

Hours: AM - PM

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____

Do you want to include "Call-to-Action Coupon?"

Yes No

For what service? _____

In what amount? _____

Do you have a Newsletter you would like to include?

Yes No

(Please include an electronic submitted copy)

Search Engine Optimization (SEO)

InfoStar only offers SEO to their web hosted customers. We believe that this should be a service center rather than profit center; although, we do need to cover costs. There is a lot of labor associated with SEO. **If you have signed up for this service please complete the following:**

List any cities or community names around you that you would like to attract prospective patients from:

What are your most important Key Word "Phrase Search Terms"

Example: "(your City's name) implant dentist"

Example: "(your City's name) sedation dentist"

Example: "(your City's name) cosmetic dentist"

Example: "(your Zip Code) dentist"

Example: "(your City's name) laser dentist"

IMPORTANT NOTICE

PLEASE READ

Your timely contribution will be greatly appreciated. It only takes a few minutes to complete this Questionnaire and to take pictures (30 minutes max.)

Send us your web page assets:

Once we begin the development of your web page it is important to complete it in a timely manner. It is very time consuming to open and close a site while it is in development. It is not like editing a word document. It may take 30-60 minutes in all to open and close a site. For this reason, please send us your material all at once or within a day or two of each other. Your project will drop to the bottom of the Que if you trickle in your assets (pictures/content).

Development Time Frame:

We will develop a non functioning "Home page" design based upon your selection and/or direction and post it for your review. You need to review the sample within 1-3 business days. Once we have your approval or edit we will apply your assets. This process takes approximately 2 weeks. Upon completion we will post the site for your review. You **MUST** complete your review and edit of the completed site within a maximum of 2 weeks. After two weeks your site will be closed and your project will fall to the bottom of the work-in-progress Que. If we have not received your edits within one month of the posting of the completed site for your review we will assume that you are satisfied. Your site will be posted and your monthly hosting fee will begin. Any edits thereafter will on a fee basis. Please call us if you have a special circumstance.

For Audio Sites:

Once we receive your edit and/or approval on the completed site we immediately send the content to the recording studio. Once completed the audio is applies to the site, checked and your site will be posted to the Internet. This time frame generally takes 7-10 days.

SAMPLE PICTURES

			
Doctor portrait	Patient with mirror	Explain Treatment	Doctor Photo
			
Treatment coordinator	Front Office – phone	Team Photo	Back office team Photo
			
Hi-tech op	Office tour	Office tour	Office tour
			
Office Tour	Oral surgery	Procedure explanation	High-tech equipment
			
Specialized Equipment	Reception Desk Greeting	"Intra Oral" Video Exam	Fun picture

Take several pictures under different lighting and send us the best two or three of each. Label each picture or provide us with a cross reference guide (picture number to person's name). You may send us your pictures on a CD, on the cameras photo card (which we will return), or zip them up and email them to us at greg@infostarproductions.com. You may also call us and we will provide you with an "ftp site" to up-load to.

SAMPLE PHOTO RELEASE FORM

YOUR LETTER HEAD HERE
(retype this form on your letter head)

Disclaimer:

This is only an example. Many doctors use this form; however, that does not make this form necessarily correct for you. We advise you to consult your legal counsel.

GENERAL PHOTO RELEASE

I hereby grant to Dr. _____ and to any of his/her assigns, the absolute and irrevocable right and permission, with respect to the photographs taken of me, or in which I may be included with others; to use, re-use, and/or publish the same in whole or in part, individually, or in conjunction with photographs, without limitation in perpetuity. These photographs shall be used specifically and exclusively for the purpose of dental education, or dental procedure awareness, or dental procedure promotion.

I hereby release and discharge Dr. _____ and assigns, from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

I hereby convey and assign all rights contained above herein to another doctor or vendor for the purpose of dental education, or dental procedure awareness, or dental practice promotion.

Signed at _____ this ____ day of _____, 20__.

Legal Signature

Name (please print)

Full Address

I, understand, hereby state that I am the (mother, father or guardian) _____ of the above named individual and do hereby consent and give permission to this agreement.

Legal Signature

Date

Name (please print)