Chicago Dental Society
The respected leader in scientific dental meetings℠

401 N. Michigan Ave., Suite 200, Chicago, Illinois 60611 • 312.836.7300 • Fax: 312.836.7317 • www.cds.org

CDS Referral Network form

Patients visit the Chicago Dental Society website **www.cds.org** every day searching for dentists in their communities using our Referral Network. To include your office, complete the information below and **fax it to the Membership Department at 312.836.7317**.

Dentist name: _____ CDS Member number: _____

General Practitioner License number (*CDS will not share this information.*): _____

Email: _____ Website: _____

Primary office address: _____
Primary office phone: _____ Primary office fax: _____
Days and hours: _____

Second office address: _____
Second office phone: _____ Second office fax: _____
Days and hours: _____

Third office address: _____
Third office phone: _____ Third office fax: _____
Days and hours: _____

Dental degree: ❑ DDS ❑ DMD
Year of graduation: _____ Years in practice: _____ Dental school: _____

Advanced dental education:
Year of graduation: _____ Type of degree: _____ School/Program: _____
Year of graduation: _____ Type of degree: _____ School/Program: _____

Specialty degree:
❑ Dental Public Health
❑ Endodontics
❑ Pediatric Dentistry
❑ Oral & Maxillofacial Radiology
❑ Oral & Maxillofacial Surgery
❑ Oral & Maxillofacial Pathology
❑ Orthodontics & Dentofacial Orthopedics
❑ Periodontics
❑ Prosthodontics

Specialty License number and Original Year issued (*CDS will not share this information.*): _____

Services offered by your practice:
❑ Aestheic Dentistry
❑ Air Abrasion
❑ Bonding/Cosmetic
❑ Chronic Hepatitis B Patients
❑ Computer Enhanced Digital Imaging
❑ Crown & Bridge
❑ Eating Disorders
❑ Emergency Services
❑ Forensics
❑ General Anesthesia
❑ Halitosis
❑ Holistic Dentistry
❑ Home Care
❑ Hospital Dental Care
❑ Hypnosis
❑ Implants
❑ Intraoral Camera
❑ Invisalign
❑ IV Sedation
❑ Lab on Premises
❑ Laser
❑ Latex Free Office
❑ Microabrasion
❑ Nitrous Oxide
❑ Nursing Home Residents
❑ Oral Conscious Sedation
❑ Oral Pap Tests
❑ Oral Pathology
❑ Public Aid
❑ Reconstructive Services
❑ Restorative
❑ Root Canals
❑ Sealants
❑ Sign Language for Hearing Impaired Patients
❑ Teletypewriter for Hearing Impaired Patients
❑ TMJ
❑ Tooth Whitening
❑ Treat Afraid Patients
❑ Ultrasonic Cleaning
❑ Wheelchair Accessible

Payment types (List all): _____

Member of Insurance Network (List all): _____

Languages spoken in practice: _____

❑ I understand that the information I have provided will be made available to the public via the Chicago Dental Society (CDS) website. I give permission to use such information. I understand the listing is not a recommendation by CDS. I agree to hold harmless CDS against any and all liability, loss, damages, costs or expenses which CDS may hereafter incur, suffer or be required to pay by reason of use or misuse of my listing.

Signature: _____ Date: _____