

USMDSC DENTAL HEALTH CARE FACILITY QUESTIONNAIRE

Please complete and return to USMDSC, 350 S. York Rd., Hatboro, PA 19040
Attention: Sheryl L. Edwards

FACILITY NAME _____

ADDRESS _____

_____ Zip _____

Facility is ____ dental school ____ dental hygiene school ____ other clinic/affiliation
Please describe _____

CONTACT PERSON _____ TITLE _____

Phone Number _____ ext. _____ FAX _____

E-mail _____ Emergency No. _____

1. Total number available dental chairs/units _____
2. Total number available intra-oral radiograph units _____ Model(s) _____
3. Number panoramic radiograph units _____ Model(s) _____
4. Do you have automatic radiographic film processor(s)? ____ yes ____ no
5. Do you have manual tank film processor(s)? ____ yes ____ no
6. Instrument sterilization equipment on site (please check all that apply)
StatIM autoclave ____ Dry heat sterilization ____
Chemiclave ____ Other _____
Steam autoclave ____
7. Do you have an auditorium on site or near your facility? ____ yes ____ no
If so, number of seats _____
8. Do you have a cafeteria? ____ yes ____ no
Is it open to the public? ____ yes ____ no

OVER

