

We'd *love* to ask you some questions...

...and in return you could win a trip to the 'city of *love*'.

FOR YOUR CHANCE TO WIN, PLEASE FILL IN THIS FORM AND POST IT BACK TO US.

Name: _____ E-mail address: _____

Practice name: _____

Practice address: _____ Postcode: _____

Do you use a payment plan provider? Yes No

If yes, which provider? Denplan DPAS Practice Plan Other (please state which): _____

Approximately how many patients do you have on plans? _____

How would you rate the service offered by your plan provider (1 being excellent, 6 being very poor)? 1 2 3 4 5 6

What are the three best areas of the service offered by your plan provider? 1. _____

2. _____ 3. _____

What are the three worst areas of the service offered by your plan provider? 1. _____

2. _____ 3. _____

Do you use any of the 'extras' which you pay for? Yes No

If yes, which? _____

What would be your concerns in moving to a more cost-effective provider? _____

What would encourage you to convert to a more cost-effective provider? _____

POST THIS FORM TO:

DPAS Limited, Marketing Dept., Place Farm Courtyard, Court Street, Tisbury SP3 6LW

Competition closes on 14/11/09 and will be drawn at the DPAS stand at BDTA Dental Showcase. To view the full DPAS competition terms and conditions please visit www.dpas.co.uk/terms.html

We will notify the winner by e-mail. If you would NOT like further e-mail communications from DPAS tick here .



your dental plans

Your practice. Your patients. Your choice.