Because Time Is Everything™
www.zirc.com

We are here to help!

The below information will help us better understand your needs. Please fill out and return back to Zirc.

Fax: 763.682.6604 | Email: zirc@zirc.com

A Zirc representative will be in contact with you soon.

Practice Name:_____ **Contact:**_____

Email:_____ **Phone:**_____ **(a good time to call you):**_____

Address:_____

Dealer:_____ **Rep Name:**_____

Number of Doctors:_____

Number of Hygienists:_____

Number of Operatories:_____

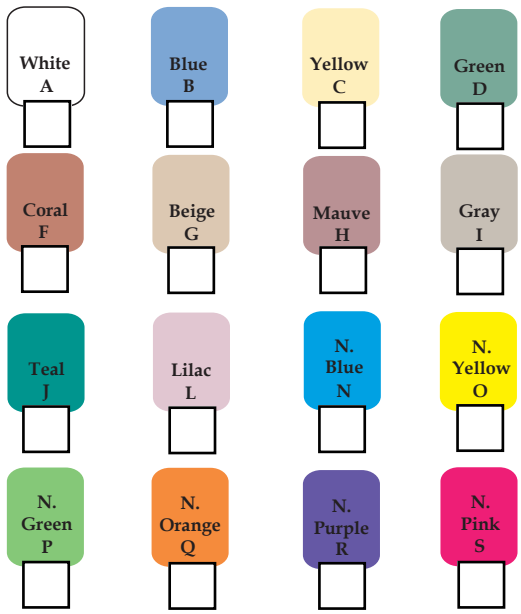
What would you like to improve at your practice? (Choose one or more.)

- ☐ Organization of Sterilization Room
- ☐ Organization of materials in operatory drawers
- ☐ Improve amount of time it takes for operatory set-up & breakdown
- ☐ Color Coding, organizing and protecting your instruments, burs, endo files, etc..
- ☐ Stress level

List the procedures performed at your practice. Then list the amount of patients that are seen weekly and how many instruments are used for that procedure.

Procedure	Patients seen weekly for this procedure	How many instruments used for this procedure

Circle 8 colors that you would consider using at your practice.



SUBMIT