

Office Information



phone (518) 280-8932
fax (518) 280-8932
address P.O. Box 12593
Albany, NY 12212

Thank you for choosing Breathe Easy Staffing Solutions for your dental employment needs. Please help us get to know your office by completing and returning the information form below.

Fax completed form to Breathe Easy Staffing Solutions, LLC fax (518) 280-8932 or mail to address above.

Contact Information

Name of Practice _____ Date: _____

Address: _____
Street Address *Suite/Unit #*

City *State* *ZIP Code*

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Contact Person _____ Email: _____

How did you hear about us? _____

Hours & Payroll

Work Day Hours

- | | | | |
|------------------------------------|-------------|-----------|--------------|
| <input type="checkbox"/> Monday | From: _____ | To: _____ | Lunch: _____ |
| <input type="checkbox"/> Tuesday | From: _____ | To: _____ | Lunch: _____ |
| <input type="checkbox"/> Wednesday | From: _____ | To: _____ | Lunch: _____ |
| <input type="checkbox"/> Thursday | From: _____ | To: _____ | Lunch: _____ |
| <input type="checkbox"/> Friday | From: _____ | To: _____ | Lunch: _____ |
| <input type="checkbox"/> Saturday | From: _____ | To: _____ | Lunch: _____ |
| <input type="checkbox"/> Sunday | From: _____ | To: _____ | Lunch: _____ |

Names of Dentists practicing in your office: _____

Will the temporary employee be paid the day he/she works? Y N If no, when is payroll? _____

Equipment & Routines

Are scrub jackets provided for the temporary employee? Y N

Does your office use digital x-rays? Y N

Bitewing x-rays are taken Every 6 months Yearly Varies

Panoramic x-ray is taken Every 3 years Every 5 years Varies

Fluoride Treatments are given Every 6 months Yearly Varies

Time allotted for routine adult prophylaxis: _____

We look forward to working with you! Thank you, Breathe Easy Staffing Solutions, LLC