New Customer Registration Form

MEGAGEN AUSTRALIA
Dental Implants

* Mandatory Field

* Name of Clinic		* ABN.
* Telephone		* Mobile
* Email		Website
* Postal Address		
*Name of Company		
* Registered Business Address (if different)		
* Nature of Business	☐ Dental Practice ☐ Laboratory ☐ Prosthetist	
*Detail of Doctor (Partner)	Name. Direct No.	

Please answer a few simple questions below to guide us on how to best help you.

How many implants would your clinic fit on average in 1 month?

Which implant system do you use?

How did you learn about MegaGen?

What are your expectations of the MegaGen systems?

Are you interested in furthering your education with MegaGen?

☐ Hands-on workshop ☐ Seminar or Symposium

Are you interested in any of the other products available?

☐ Equipment	o CBCT	o Oral Scanner	o Dental Chair
☐ Regeneration	o Bone graft	o Augmentation	o Sinus
☐ Advanced technique	o Root Membrane	o PET	o Removable
☐ more.			

By signing below, I certify that the information provided on this form is true and accurate.

Signed. _____ Date. _____

Submit