

Root Laboratory, Inc

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913-491-3555 800-874-5609

Email Photos/Case Information: photos@teamroot.com

Email Digital cases: digital@teamroot.com

NEW ACCOUNT CUSTOMER FORM

Dr. Name: _____

Address: _____

(Street)

(Suite)

(City)

(State)

(Zip)

Office phone #: _____

Doctor cell phone #: _____

Email: _____

Associates: _____

How did you hear about us? _____

Payment Information:

Card # _____

Expiration date: _____

Validation code: _____

Name on card _____

(Please Print)

Billing Address: Please provide billing address associated with credit card if different from office address:

Signature: _____

Date: _____