



7500 Grand Ave, Ste 200 | Gurnee, IL 60031
(direct) 847.775.1970 | (fax) 847.775.1985
info@QuadA.org

Dental Facility Identification

Facility ID Number _____(to be assigned by QUAD A)

Dental Facility's Director _____

Name of Facility _____

Address _____ Suite # _____

City _____ Country _____ Postal Code ____ - _____

Phone _____ Fax _____

Website _____ Email _____

Name(s) of Clinic Owner(s). Controlling Stockholder and/or Beneficial Ownership

(List Additional Names on Separate Sheet)

Manager/Head Nurse: _____

Current QUAD A Class of Facility: _____

ACCREDITATION HISTORY

() Not Previously Accredited by QUAD A () Previously Accredited by QUAD A

Initial Inspection Date _____ Class _____

Last Reinspection Date _____ Class _____

Other Accreditation _____ Date: _____

_____ Date: _____

Facility Licensure _____ Date: _____

_____ Date: _____

Dental Facility Director Signature _____ Date _____