

SureSmile® CBCT Validation Request Form

SureSmile® Practice Information Practice: _____ Address: _____ City: _____ ST: _____ Zip: _____ Country: _____ Email: _____ Phone: _____ Contact Name: _____	CBCT Machine Information CBCT Scanner Manufacturer: _____ CBCT Scanner Model: _____ Estimated Date of Installation: (if applicable) _____ Acquisition Software: _____ Acquisition Software Version: _____ SureSmile® Protocols Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No 14-bit Detector Panel? (iCAT Classic only) <input type="checkbox"/> Yes <input type="checkbox"/> No For the latest list of compatible CBCT machines and platforms, see "Use of CBCT Scanners with SureSmile" in the Technical Requirements Guide (0281-EDUMAT-500119).
Imaging Center Information (if applicable) Imaging Center Name: _____ Address: _____ City: _____ ST: _____ Zip: _____ Country: _____ Email: _____ Phone: _____ Contact Name: _____	

Please submit completed request form to:

E-mail: customercare@suressmile.com or Fax: 972-728-5600

A technical support representative will contact you regarding the CBCT validation process.

For Dentsply Sirona Use Only:

Received Date: _____ Received by: _____

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