

SureSmile® CBCT Validation Request Form

SureSmile Practice Information	CBCT Machine Information
Practice: _____	CBCT Scanner Manufacturer: _____
Address: _____	CBCT Scanner Model: _____
City: _____ ST: _____ Zip: _____	Estimated Date of Installation: (if applicable) _____
Country: _____	Acquisition Software: _____
Email: _____	Acquisition Software Version: _____
Phone: _____	SureSmile Protocols Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name: _____	14-bit Detector Panel? (iCAT Classic only) <input type="checkbox"/> Yes <input type="checkbox"/> No
Imaging Center Information (if applicable)	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 Name: _____	
Address: _____	
City: _____ ST: _____ Zip: _____	
Country: _____	
Email: _____	
Phone: _____	
Contact Name: _____	

Please submit completed request form to:

E-mail: suresmile-customer-care@dentsplysirona.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: _____