

SureSmile[®] Location Change Request Form

Directions: Please complete form for adding, removing or changing addresses for all practice sites.
 Fax completed form to SureSmile Customer Care at +1 (972) 728-5601
 or email to SureSmile-Customer-Care@dentsplysirona.com

Section 1: Practice Information			
Main Practice Name:			
SureSmile ID:		Phone Number:	
Street Address:			
City:		State:	
Zip Code:		Country:	

Section 2: Request Type (please check all that apply)			
<input type="checkbox"/> Add a new practice site*	<input type="checkbox"/> Remove a practice site	<input type="checkbox"/> Change the address of a practice site	
<input type="checkbox"/> Patient transfers required			
Practice Site Name:			
SureSmile ID:		Phone Number:	
Street Address:			
City:		State:	
Zip Code:		Country:	
Notes:			

Important - Please allow Dentsply Sirona at least 1-2 business days to make these changes. If you have any questions, please call SureSmile Customer Care at 888-672-6387. (International Customers: Please use your local SureSmile Customer Care phone number.)

*When adding new practice site(s), new site(s) will NOT receive a separate bill. All billing will be sent to main practice and is separated by site.

*Patients must be associated with a site at the time of product order to have their physical products shipped to that particular location.

For Dentsply Sirona Use Only:			
Date Received:		Date Processed:	
Received by:		Processed by:	