

# SureSmile<sup>®</sup> 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](mailto: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)			
Add a new practice site*		Remove a practice site	
Change the address of a practice site			
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:	