

suresmile CBCT Validation Request Form

suresmile Practice Information

Practice Name: _____

Address: _____

City: _____ ST: _____

Zip: _____ Country: _____

Email: _____

Phone Number: _____

Contact Name: _____

Imaging Center Information (If Applicable)

Imaging Center Name: _____

Address: _____

City: _____ ST: _____

Zip: _____ Country: _____

Email: _____

Phone Number: _____

Contact Name: _____

CBCT Machine Information

CBCT Scanner Manufacturer: _____

CBCT Scanner Model: _____

Estimated Installation Date (if applicable):

____/____/____

Acquisition Software: _____

Acquisition Software Version: _____

suresmile Protocols Installed?

☐ Yes

☐ No

14 bit Detector Panel? (iCAT Classic only)

☐ Yes

☐ No

For the latest list of compatible CBCT machines and platforms, see **“Becoming a suresmile CBCT User”** at suresmileu.com.

Please submit completed request form to:

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

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

For OraMetrix Use Only:

Received Date: ____/____/____

Received by: _____

suresmile®