

DentalScan Pilot Onboarding Intake Form



Organization Information

- Legal Organization Name _____
- Address _____
- Country / State _____
- Website _____

Primary Contact

- Full Name _____
- Job Title _____
- Email _____
- Phone Number _____

Administrative / Technical Contact (if different)

- Full Name _____
- Email _____

Pilot Use Case (Select All That Apply)

- ☐ Dental practice
- ☐ School
- ☐ Charity / nonprofit
- ☐ Gym / wellness
- ☐ Senior or assisted living
- ☐ Employer / workforce program

Pilot Details

- Estimated population size _____
- Scan frequency (one-time, monthly, periodic) _____
- Desired Pilot start date _____

Dental Professional Setup

- ☐ We already have a licensed dental professional
- ☐ We would like assistance connecting with a dental partner

Authorization Confirmation

“I confirm that I am authorized to enter into this Pilot Agreement on behalf of my organization.”

☐ Confirmed

Signature (Digital)

Name: _____

Date: _____