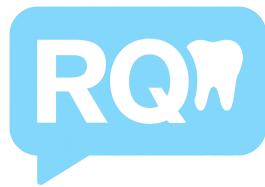


DentalScan Pilot Onboarding Intake Form



DentalScan

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: _____