



Coordinator Name:	Email:	Phone:
Installer Name:	Email:	Phone:
Sales Rep Name:	Email:	Phone:

After completion of form by above personnel, please send form to: CTS@glidewelldental.com

Topic	Content
1. Practice Information	Practice Name: Phone Number: _____ Installation Address: _____ City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____
2a. Doctor Information	Doctor Name: First: _____ Last: _____ Email: _____
2b. Office Manager Information	Office Manager Name: First: _____ Last: _____ Email: _____ PO (if known): _____
3. Mill Information	Is the doctor a current user? <ul style="list-style-type: none"> ▶ If yes, are you replacing the mill? <ul style="list-style-type: none"> ▶▶ If yes, clean house. Have you removed all TS150 burs and BruxZir® NOW burs and blocks? Package and send unused TS150 burs and BruxZir NOW burs and blocks to Glidewell for a swap out of material. _____ ▶▶ If yes, please also remove all burs for other materials as the TS150e requires a new 3mm shank bur. Please return unused burs to Glidewell for a swap out of burs. _____ ▶ If no, continue completing the Pre-Site.
4. Scanner Information	What type of scanner is currently being used at this site? Check all that apply: <input type="checkbox"/> 3M True Definition <input type="checkbox"/> Carestream



Topic	Content
5. Internet Requirements	Test the internet upload and download speeds. (For example: speedtest.net) NOTE: Minimum speed up/down is 5 megabits per second Download speed: _____ Upload speed: _____
6. Mill Location	Attach photos of location for the TS150e mill. Is the table/desk capable of holding 150 lbs.? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the table/desk measure: 27" x 22" x 18"? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the 120v AC power located within 5' of the mill? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the office air supply located within 5' of the mill? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the air supply meet the air requirement of 0.9 CFM or greater with a psi range of 50–80 psi? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the mill located away from the patients, in a different room? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a 4-inch clearance above the mill and on all sides? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the power cord accessible at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Computer Network Requirements	10' USB cable comes standard. Is there Wi-Fi internet? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your scanner connected to the Wi-Fi network? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the SSID? _____ What is the password? _____
8. Porcelain Oven Requirements	Make and model: _____
9a. Items to Rework	List all items that need to be reworked: 1. _____ 2. _____ 3. _____
9b. Post Rework Inspection	Were all issues resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the site ready for installation? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____ _____
10. Form Completion and Contact Information	Form completed on (date): _____ By (name): _____ Job title: _____ Phone number: _____ Email: _____

I hereby certify that the above statements are true and correct to the best of my knowledge.

Installer Signature: _____

Date: _____