



1320 State route #9 - 2135, Champlain, NY, 12919
 1-888-582-8115 // Fax: 1-800-554-1021
 www.cadi.net

CADI® ORDER FORM

CLIENT INFORMATION: (for registration and billing purposes)

| | |
|--------------|----------|
| Clinic Name: | |
| Address: | |
| City: | State: |
| Zip Code: | Phone #: |

| |
|---|
| Number of sites*: |
| <i>*If you will be installing CADI® at more than one site, fill in information for the 1st site only, we will contact you regarding the other sites</i> |

MAIN CONTACT:

| | |
|----------|-------|
| Name: | |
| Email: | |
| Phone #: | Ext.: |

| |
|----------------|
| CADI® PARTNER: |
|----------------|

COMPUTER CONTACT*:

| | |
|----------|--|
| Name: | |
| Email: | |
| Phone #: | |

| |
|--|
| <i>*Required if doing installation without a CADI® Partner</i> |
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CLINIC INFORMATION SURVEY:

| |
|-------------------------|
| Numbers of Drs Ops: |
| Numbers of Hygiene Ops: |

| |
|---------------------------------|
| Numbers of Consulting Room PCs: |
| Numbers of Office PCs: |

Total number of PCs that CADI® will be installed on:

MONTHLY FEES:

CADI® ADVANCED

CADI® BASIC

| | CADI® ADVANCED | CADI® BASIC |
|-----------------------------|----------------|-------------|
| 1 station: | \$69 | \$55 |
| Additional stations: | \$6 | \$6 |
| Additional site: | \$39 | \$30 |
| 3D Viewer module addon: | \$12 | \$12 |
| Tablet Viewer module addon: | \$6 | \$6 |
| DFO module addon: | \$12 | \$12 |

SOFTWARE DELIVERY & INSTALLATION:

| |
|---|
| Where to send the software package and license usb key: |
| Method of software delivery: |
| Date of Delivery requested: |
| Date of Software Installation: |



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DIGITAL TECHNOLOGIES PRESENT IN THE CLINIC:

| | | |
|--|-----|--------|
| Practice Management Software: | | |
| Dental Imaging Software: | | |
| If yes are you currently bridged to your Practice Management Software: | YES | NO |
| Intra-oral digital x-ray equipment (sensor 1): | | |
| Intra-oral digital x-ray equipment (sensor 2): | | |
| Intra-oral digital x-ray equipment (sensor 3): | | |
| Digital Pan / Ceph / CBCT unit: | | |
| Intra-oral camera (camera 1): | | |
| Intra-oral camera (camera 2): | | |
| Phosphor Plate Scanner: | | |
| Flatbed Scanner: | | |
| Digital Camera: | | |
| Microscope: | | |
| Quantity of X-ray heads: | | |
| Brand of X-ray head (1): | | KV/mA: |
| Brand of X-ray head (2): | | KV/mA: |
| Brand of X-ray head (3): | | KV/mA: |

| | | |
|---|-----|----|
| I have read the CADI® COMPUTER SPECIFICATIONS and verify the PCs meet the minimum specs: | YES | NO |
|---|-----|----|

CADI® is designed and tested to work with PCs that meet the minimum specs listed above. If you click NO to this question, you can still fill in the rest of the form, but your CADI® specialist or certified partner will address the issues with you prior to any installation.

PAYMENT INFORMATION:

| | |
|----------------------|-------|
| Name on Credit Card: | |
| Credit Card Number: | |
| Expiration Date: | |
| Signature: | Date: |

Nothing will be billed to your credit card now. Within 5 business days of completing this form, you will receive your license usb key and software, if requested. Your chosen CADI® partner or Synca will contact you regarding the installation process. Your billing will start once you start using CADI®.