

Dental practice owner and IT hardware supplier Sign Off

Please request your dental practice owner and your IT hardware supplier to sign and date this page, then please scan the page and email it to Software of Excellence.

Dental Practice Name: _____

Practice telephone: _____

Practice Postcode: _____

IT Hardware Supplier Company: _____

Contact Name: _____

Contact Telephone: _____

Any other relevant information: _____

Signed confirmation:

I confirm that our system meets at least the minimum system requirements specified in this document. I understand that failing to meet the *recommended* specification may result in performance-related issues.

Hardware supplier: _____

Date: _____

Practice owner: _____

Date: _____