

Data Access Permission Form

Please fill out this form prior to your scheduled conversion appointment.
It must be completed and received by Open Dental before we will collect any data.

Practice Name: _____

Practice Phone Number: _____

Practice Email: _____

Practice Address: _____

Acknowledgments

By signing below, you agree to/with the following:

- I declare that I have full legal right to the patient data that I am providing to Open Dental.
- I declare that the owner of the patient data is aware that Open Dental will be collecting a copy of the patient data for the purpose of a data conversion.
- My computer system meets Open Dental computer requirements (server/workstations).
See [Computer Requirements](#).
- I have scheduled an appointment with Open Dental to access my server and collect my data so it can later be converted to Open Dental. I give Open Dental permission to access my computer system and collect a copy of my data. I understand that, while it is not likely, issues can occur with my computer system while Open Dental employees are connected to it. Open Dental requires that potential customers like me implement a troubleshooting plan in case the computer system has an issue before a final data conversion to Open Dental.

(Please select one of the following options)

- I am on support with my old practice management software, and they are available to troubleshoot any issue.
- I am not on support with my old practice management, but I will troubleshoot my issue without Open Dental's help.
- I do not want Open Dental to collect my data.
- I understand that Open Dental may need to install 3rd party applications to gather the data for the conversion in a timely manner. 7-Zip may be installed to facilitate better compression and encryption of the data set. WinSCP, a File Transfer Protocol (FTP) program, may be installed to facilitate a stable upload to our servers.

Name of Authorized Person, Job Title

Signature

Date