

PLEASE FAX SIGNED COPY TO:

480-924-1974



ASP Database Request Form

Database Request is Being Requested By

Name:

Business Name:

Phone:

Add/Remove Database

Add: Database(s) Include Service Codes Include Diagnosis Codes

Please provide the names for the databases you wish to add:

Remove: Database(s)

Please provide the names for the databases you wish to Remove:

Database User Access Permissions

Allow All Users Access to All Databases

Restrict User Access to the Following Databases (Please list DB Names):

User Account	DB 1:	DB 2:	DB 3:	DB 4:	DB 5:
User 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User 04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User 06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing this Form, I acknowledge that I have read and agree to the terms and conditions of the Application Terms of Service as well as the Service Level Policy, Support Policy and System Requirements all of which can be viewed and accessed at <http://www.dentimax.com/asp.html>

Signature: _____ Date: _____