

Health Technology Committee Meeting Agenda	
April 12, 2017	12:00 – 12:50; N304
Dr. Erica Teixeira, Chair	Recorder: Ms. Lauren Moniot

Agenda Items	Responsible Individual
1. Approval of February 8, 2017 Minutes	Dr. E. Teixeira
2. Update on Predoctoral Endodontics Technology	Dr. Gomez
3. Requests: <ul style="list-style-type: none"> Department of Prosthodontics Dr. Galen Schneider & Dept. of Prosthodontics shared 	Dr. E. Teixeira
4. Update on Electric Handpieces; Draft of implementation plan	Dr. Vargas/Dr. Maia
5. CDT – Update on request to hire	Dr. Garcia
6. Next Meeting: May 10, 2017	

Action Items			
Status	Action to be taken	Responsible	Due Date
Pending	HTC Content on Intradent	Maia/Garcia	
Pending	Educational video tutorials re: digital equipment	Restrepo-Kennedy/Maia/Medin	
Pending	DSG – Jon Simon	E.Teixeira/LTGarcia	

Health Technology Committee (2016-2017)

Dr. Erica C. Teixeira – Chair
 Dr. Zeina I. Al-Salihi
 Dr. Piriya Boonsiriphant
 Dr. Manuel R. P. Gomez
 Dr. David A. Jones
 Dr. Leo Marchini
 Mr. Charles W. McBrearty
 Mr. Ivan Medin
 Dr. Patricia K. Meredith
 Dr. Michael D. Murrell
 Dr. Rodrigo Rocha Maia
 Dr. Kyle M. Stein
 Dr. Marcos Vargas
 D3 – Elliott Glenn

ex officio:

Dr. Veeratrishul Allareddy, University Academic Technology
 Advisory Committee
 Dr. Ronald D. Elvers, Director of Clinics
 Dr. Lily T. Garcia, Associate Dean for Education
 Ms. Michelle M. Krupp, Director of Education Development
 Dr. Galen Schneider, Executive Associate Dean

Health Technology Committee Minutes – April 12, 2017

Members Present: Drs. Erica Teixeira (Chair), Piriya Boonsiriphant, Manuel Gomez, Leo Marchini, Patty Meredith, Michael D. Murrell, Rodrigo Rocha Maia, Marcos Vargas, Lily T. Garcia, Mr. Charles W. McBrearty, Mr. Ivan Medin and Elliott Glenn (D3)

Absent: Drs. Zeina I. Al-Salihi, David A. Jones, Kyle Stein, Trishul Allareddy, Ron Elvers and Galen Schneider

Guest: N/A

Meeting called to order 12:03 p.m.

- I. **Approval of February 8, 2017 Minutes** – Dr. Erica Teixeira
 - Approved
- II. **Update on Predoctoral Endodontics Technology** – Dr. Manuel Gomez
 - The vote regarding the technology request from the Department of Endodontics was conducted electronically due to time constraints at the February 8, 2017 meeting. The request was approved as described.
 - Dr. Gomez expressed his appreciation to the committee since he stated this technology will tremendously improve the teaching of students and care of patients. The decision was moved forward and 50 of the new motors and 18 apex locators were acquired and readied for the upcoming course. The first lecture is next week and first lab will start in the beginning of May. There will be some sharing in the lab of the new models. He anticipates improved quality of care and improved patient outcomes. Currently, patient care requires 5-6 visits to complete endodontic treatment of a molar; now it will be between 1-3 visits with this new technology. These models are currently being used in FAMD, but the technique will be changed.
 - Dr. Meredith asked about the possibility of an in-service day to learn this new technology. The committee was in agreement for learning about the new technology that is acquired for implementation into the curriculum. The more that the faculty are knowledgeable, the more it will be used and taught to the students.
- III. **Requests-** Dr. E. Teixeira
 - Department of Prosthodontics
 - Prosthodontics submitted a proposal to acquire a laboratory digital scanner, mill, and specialized furnace, which can be used for Zirconia restorations. The scanner has software that uses patient data and in cases needing removable prostheses, data may have to be transmitted to outside sources.
 - Chuck spoke with the representative and requested completion of the required software information document with no response to date. He cannot approve IT signoff until he knows how the software will work within our security systems. Dr. Teixeira discussed the processes used in a digital workflow and the need for IT approval on the request form.
 - There was confirmation that this was to be limited to use by residents in the advanced education program in prosthodontics. Any software updates, management and maintenance of equipment will be the responsibility of the

department and Kyle Bennett as the CDT dedicated to the residency and DSP prosthodontics services.

- o No MFK was provided on the proposal but additional information will be needed prior to further approval process through the Associate Dean for Education.
- o Additional comments included discussion of current lab technologies available for support of the predoctoral program, a desire to make available additional licenses through this type of purchase, and concern with lack of integration, more so associated with the specialized oven that could be used to support D3/D4 activities for convenience.

MOTION: To approve the request from prosthodontics, pending review by IT for compliance. Motion passed.

- Dr. Galen Schneider & Department of Prosthodontics shared technology request.
 - o 3m true definition scanner is being requested by Dr. Schneider and PROS. This is the same scanner but a smaller mobile version: new model with the same features and software as the current model already in the school. Sterilization procedures are already set up. The cost of \$13,000 for scanner would be shared between PROS and Dr. Schneider's MFK.
 - o The current collegiate True Definition scanner is available for others, including predoctoral clinics and simulation courses.
 - o The committee felt that the current model is not being utilized enough to justify having another version ordered. Ivan says 10-30% of the time the other one is being used.
 - o The committee expressed concern related to careful use of fund resources and to ensure the technology is being utilized.

MOTION: To approve the request as submitted. Motion passed.

IV. **Update on Electric Handpieces; Draft of implementation plan** – Dr. Vargas/ Dr. Maia

- Trial-period is complete and the report with proposal is forthcoming. Consensus was to replace the air-driven with electric hand pieces. Consider an implementation plan to years maintain both electric and air models, then transition to exclusively electric, although final implementation and training is under development. Dr. Vargas will manage the final report.

V. **CDT- Update on request to hire-** Dr. Garcia

- Postponed discussion due to time constraints.

VI. **Round Table Comments** – Committee

- Dr. Vargas- Sharing resources instead of duplicating them would be a great next step to serve the College as a whole.

VII. **Next Meeting: May 10, 2017**

Minutes recorded: Ms. Lauren Moniot

Accuracy Studies

3M True Definition 3D Dental Scanner Field Evaluation, Sevcik, P., Graham, J., Yun, Z., Reff, K., Deckard, T., Stegall, D., *J Dent Res Vol #93* (Spec Iss A): 51 (2014)

Accuracy and Repeatability of Intra-oral Scanners for Full-arch Implant Impressions, Gonzalez, B., *J Dent Res Vol #93* (Spec Iss B): 762 (2014)

van der Meer, W., Andriessen, F., Wismeijer, D., Ren, Y. (2012). Application of Intra-Oral Dental Scanners in the Digital Workflow of Implantology. *PLoS ONE* 7(8): e43312

Boeddinghaus, M., Breloer, E., Rehmann, P., Wöstmann, B., (2015). Accuracy of single-tooth restorations based on intraoral digital and conventional impressions in patients. *Clin Oral Investig*, 19(8), 2027-2034

Güth, J., Edelhoff, D., Schweiger, J., Keul, C. (2015). A new method for the evaluation of the accuracy of full-arch digital impressions in vitro. *Clin Oral Investig*, (In Print)

Gimenez-Gonzalez, B., Hassan, B., Özcan, M. and Pradíes, G. (2016), An In Vitro Study of Factors Influencing the Performance of Digital Intraoral Impressions Operating on Active Wavefront Sampling Technology with Multiple Implants in the Edentulous Maxilla. *Journal of Prosthodontics*.

Shembesh, M., Ali, A., Finkelman, M., Weber, H.-P. and Zandparsa, R. (2016), An In Vitro Comparison of the Marginal Adaptation Accuracy of CAD/CAM Restorations Using Different Impression Systems. *Journal of Prosthodontics*.

Technology Request Form for Patient/Simulation Clinic
(Includes Software Installation)

Faculty/Department Requesting: Galen Schneider

Technology (Equipment/Software) Name: 3M Mobile True Definition Intraoral Scanner

Vendor Contact Information: Henry Schein Quote 20170202075333994

RETURN COMPLETED FORM TO CHAIR, HEALTH TECHNOLOGIES COMMITTEE

- I. Brief description of the purpose of the technology and how it will be used (consider potential learning outcomes, patient care benefits, utility, quality, acceptance and longevity):
I plan to use the IOS in my DSP practice to treat my patients. In addition I will use it to teach in the Pros Residency Clinic to help us expand the digital experiences in the Pros Residency. And we hope to also use it for scholarship opportunities related to resident MS projects and junior faculty research.
- II. In what location(s) is the technology to be installed?
It is portable, and cloud based. It will be stored and maintained within Pros.
- III. Who is responsible for maintaining software/hardware updates?
IT (Chucks group – unless he wants to give me admin rights then I can do it myself)

Skip questions IV - IX if requested technology not software related:

- IV. Hardware specification requirements
Cloud based, already have cloud account with Dr. Moreno's purchase last year. Will daisy onto that account per vendor.
- V. How is the software licensed (dongle, PC based, server based)?
[Click here to enter text.](#)
- VI. Does the use of the software involve patient protected health information?
yes
- VII. Does the use of the software involve sending data outside the College of Dentistry? Explain. Yes, cloud and STL files.
- VIII. Does the software integrate with axiUm or MiPACS?
Not that I know of, if can that would be great.
- IX. Does the software require workstation administrator rights to run?
Everything in the college has Admin rights. Chuck is the gate keeper.

- X. Will the Vendor require remote access? no
- XI. Evidence: Please include evidence available and/or best practices
See attached accuracy reference list.
- XII. Training: Is there a plan for training (student/faculty/residents/specify users)?
Already had.
- XIII. Cost: How much will it cost? Include any annual maintenance/upgrade fees.
Quoted \$12,995 + tax 175 = 13,170.00 total.
- a. if supported by grant or external funding, include account and PI name:
Galen Schneider (MFK) and Pros Dept will cost share 50% (MFK)
- b. if a "Gift in Kind" or "Preferred Development Agreement", please see Dean Arneson and
include with request form (yes/no/not applicable).
[Click here to enter text.](#)
- XIV. Company characteristics (include name, reason for choice, alternative if company goes out of
business, representative contact):
3M/Henry Schein
- XV. Self-bias or possible conflict of interest:
none
- X. Implications for Curriculum – specify if related to predoctoral and/or advanced education
curriculum:
- a. Identify area of curriculum incorporation: Predoctoral and/or Advanced Education Program(s)
Pros Residency for now, DSP.
- b. Responsible individual to submit proposal into existing course or creation of new course:
Galen/Julie
- c. Curriculum proposal for submission to Curriculum Committee for review (include course no.):
[Click here to enter text.](#)

Faculty Signature: _____ Date: _____

DEO Signature: _____ Date: _____

Form should be submitted to HTC Chair

INTERNAL USE ONLY

Technology & Media Services Review: [Click here to enter text.](#)

Central Sterilization Services Review: [Click here to enter text.](#)

Health Technologies Committee Approval: [Click here to enter text.](#)

Office for Education Approval: [Click here to enter text.](#)

Office for Finance & Facilities:

Business Associates Agreement required (yes/no): [Click here to enter text.](#)

Business Associates Agreement on file (yes/no): [Click here to enter text.](#)

Purchasing Contract/PO Information: [Click here to enter text.](#)

Date: 2/2/2017	Acct No: 2997549	Install Date:	
Field Sales Consultant:	Sales Specialist:	Sales Specialist:	
Installation Address: 801 Newton Road			
City: Iowa City	State: IA	Zip: 52242	
Phone: 3193357207	Fax:		
New Acct:	Existing Acct:		
Henry Schein Dental			
City:	State:	Zip:	
Phone:	Fax:		

Bill To:	University Of Iowa Coll Of Den		
Address:	801 Newton Road		
City:	Iowa City	State:	IA Zip: 52242
Deliver To:	University Of Iowa Coll Of Den		
Phone:	3193357207		
Fax:			
Email:			

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
3M True Def Scanner						
1	THREEM	777-2313	3M Mobile True Definition Scanner	\$16,995.00	\$12,995.00	\$12,995.00
Includes (1) Year Warranty Consumable Kit (1) Day On-Site Training						
1	THREEM	777-2310	Data Plan,Advanced Annual	\$1,000.00	\$960.00	\$960.00

<input type="checkbox"/> Henry Schein Financial Services	<input type="checkbox"/> Cash/Bank Financing	Subtotal:	\$13,955.00
SSN*:	SSN*:	Freight:	\$175.00
DOB:	Bank Name:	0.000% Tax:	\$0.00
Credit Card #:	Bank Officer:	Discount:	\$4,040.00
Expiration:	Bank Phone:	Total:	\$14,130.00
		Deposit:	\$0.00
		Balance Due:	\$14,130.00

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.

Payment Terms: Minimum 10% deposit to initiate order with balance to be paid on the delivery of equipment or , whichever occurs first.

X _____ X _____
 Purchaser's Signature Date Sales Specialist Date

Prices are in effect until _____ Acceptance by Henry Schein Dental _____
 Date

Special Instructions

TERMS AND CONDITIONS

1. Purchaser shall pay a minimum of 10% of the purchase price as a down payment, which will be forfeited in the event Purchaser breaches these Terms and Conditions.
2. Purchaser shall pay the balance due on the date specified on the equipment order.
3. Henry Schein Dental shall use good faith efforts to deliver on date specified on the equipment order, but shall not be responsible for delays beyond its control, nor shall such delays be considered a breach by Henry Schein Dental hereunder. In the event of any default by Henry Schein Dental hereunder, Purchaser shall, upon demand, be entitled to the return of the down payment made under Section 1 as the Purchaser's sole and exclusive remedy.
4. Henry Schein Dental assumes no responsibility for, and does not warrant the installation work of others nor does Henry Schein Dental assume responsibility for overseeing or supervising the work of persons other than its own agents or personnel. HENRY SCHEIN DENTAL MAKES NO WARRANTIES, EXPRESS OR IMPLIED, EXCEPT AS CONTAINED IN THIS AGREEMENT. HENRY SCHEIN DENTAL MAKES NO WARRANTY AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Henry Schein Dental Equipment Specialists or Field Sales Consultants are not authorized to bind the company or to make warranties. Oral statements do not constitute warranties and may not be relied upon or considered part of this agreement.
5. Service, maintenance, repairs, replacement of defective parts, and labor will be furnished without charge by Henry Schein Dental for 90 days following the date of installation of new equipment. Thereafter, Purchaser shall look only to the manufacturer's standard warranty.
6. Costs relating to the following activities shall be the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
 - a. The disconnecting and/or reinstalling of Purchaser's existing equipment.
 - b. Changes or additions in plumbing, electrical, or carpentry work.
 - c. Necessary governmental inspections, approvals and fees.
 - d. Union intervention in installation or delivery of the equipment.
 - e. Disposal of old equipment.
 - f. Delivery of donated equipment.
 - g. Insurance covering the equipment.
7. Purchaser shall maintain insurance covering the equipment against risks, with such insurers, in such form and in such amounts as shall, from time to time, be reasonably required by Henry Schein Dental.
8. In the event of execution of a lease satisfactory to both parties, all monies paid in advance shall be returned.
9. In the event Henry Schein Dental accepts a return of the equipment, Henry Schein Dental may charge Purchaser a restocking fee.
10. In the event Purchaser breaches these Terms and Conditions, Henry Schein Dental shall, in addition to any other remedies provided under law, have the right, at its option, to retain the down-payment or other payments made by Purchaser hereunder as liquidated damages, it is being agreed that Henry Schein Dental's actual damages are difficult, if not impossible to ascertain. Purchaser agrees to pay Henry Schein Dental's reasonable attorney's fees and other costs in enforcing the terms hereunder.
11. 1 ½% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
12. Office plans drawn by Henry Schein Dental are the sole property of Henry Schein Dental and are not to be used without consent.
13. The equipment order and these Terms and Conditions when accepted by a duly authorized officer or manager of Henry Schein Dental, shall constitute the entire agreement between the parties and shall supersede all prior and contemporaneous written or oral negotiations, warranties, representations and agreements relating to the equipment order.
14. I represent and warrant that the name provided on the equipment order is the exact legal name of Purchaser.
15. I agree to allow the named bank to release financial information relative to verifying funds availability for this equipment order.
16. I acknowledge that Henry Schein Dental or its designee may, if requested, apply on Purchaser's behalf for appropriate financing to finance this equipment order.
17. Purchaser acknowledges that Henry Schein, Inc. or its designee may file an initial financing statement and any amendments required for Henry Schein, Inc. to perfect its security interest in the equipment described on this equipment order. Such security interest will be maintained until Henry Schein, Inc. receives payment in full for such equipment.
18. By signing this equipment order I authorize Henry Schein, Inc. or its designee to investigate my personal credit and finance records, including my banking records. I authorize Henry Schein, Inc. or its designee to use my social security number to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Henry Schein, Inc. I further authorize Henry Schein, Inc. to share the information received from my consumer credit report with Henry Schein, Inc.'s parent, subsidiaries, affiliates and third parties for the purpose of assisting with lease financing for the equipment order.
19. The maximum allowable credit card charge for an equipment purchase will be \$5,000. The only exceptions to this limitation are:
 - 1) If you fully prepay your order as a deposit at the time the order is placed;
 - 2) If you use the Henry Schein Bank of Omaha credit card for your deposit, or final payment which will be due in full at delivery.

Technology Request Form for Patient/Simulation Clinic
(Includes Software Installation)

Faculty/Department Requesting: Prosthodontics

Technology (Equipment/Software) Name: Scanner, Dry Mill and furnace

Vendor Contact Information: Whipmix (scanner) and Ivoclar (mill and zirconia furnace)

RETURN COMPLETED FORM TO CHAIR, HEALTH TECHNOLOGIES COMMITTEE

- I. Brief description of the purpose of the technology and how it will be used (consider potential learning outcomes, patient care benefits, utility, quality, acceptance and longevity):
- Brief description: The scanner is necessary to scan impressions and double arch articulations, thus saving a lab step. Technology is not yet accurate enough for intraoral digital impressions for full mouth rehabilitations, so we wish to move directly to digital dies, thereby skipping gypsum. The mill is necessary for milling acrylic for complex interim restorations, wax patterns for conventional alloy castings, and zirconia for definitive restorations. The literature has shown the applications for zirconia as viable and our faculty, residents and staff could digitally design these restorations.
- Potential learning outcomes: The course directors of the fixed prosthodontics technique course (PROS 5740) for the prosthodontic graduate program require the use of this digital equipment which allows the residents to get feedback on contour and anatomy in a shorter amount of time than by traditional methods. Allowing the user to easily manipulate contours (and easily undo any mistakes), this is an optimal teaching tool. Also, our patients often drive hours to get here, maximizing their chair time is vital to patient retention and recruitment. As we move forward in the digital world, we as a prosthodontic team must be at the front line to teach this digital workflow.
- Patient care: With the requested equipment, we can better utilize teamwork and troubleshooting tactics to allow the prosthodontist and technician to communicate to the patient in real time and make changes while the patient is in the college. For example, we can provide a digital wax up and present a very clean presentable treatment plan. Furthermore, we can use the digital wax up to mill provisional restorations and/or final restorations that closely replicate the digital proposal. This will also allow us to minimize our invasive procedures when intraoral scanning is used.
- Utility: Allows us to create a digital workflow with our patients to communicate treatment proposals. In the laboratory, we can save large amounts of time by designing, milling, and finishing restorations from single crowns to full rehabilitations.
- Quality: The quality of CAD/CAM restorations comes down to four topics: the user, the software, the burs, and the preparations. If the dental professional is traditionally trained with an exceptional knowledge of anatomy, computer hardware and software manipulation, as well as file exportation then there is quality. Quality is also dependent on the software and what we as a department are requesting is the industry standard. It is used all around the world by many talented dental professionals. The software is extremely user friendly with an excellent support team to assist with any problems that may occur. We prepare the tooth structure with the thought of the mill burs in mind and can produce a very high quality restoration with optimum marginal adaptation.

Acceptance: The more we apply this technology the more it will become accepted. By having a digital workflow within our department, it will provide greater opportunities for material usage and manipulation. We will most certainly use the technology to collect data for research topics in support of our residents' and faculty research efforts.

Longevity: Longevity is a hard topic to predict. This technology is progressing every year and new things come out monthly. We have seen exponential growth in digital dentistry; the equipment we as a department are asking for is the industry standard and we feel that it will remain so for years to come. As a university, we get free updates and support.

- II. In what location(s) is the technology to be installed?
S410 and S492
- III. Who is responsible for maintaining software/hardware updates?
Kyle Bennett

Skip questions IV - IX if requested technology not software related:

- IV. Hardware specification requirements
The computer comes with the scanner.
- V. How is the software licensed (dongle, PC based, server based)?
3Shape dongle.
- VI. Does the use of the software involve patient protected health information?
No
- VII. Does the use of the software involve sending data outside the College of Dentistry? Explain.
Perhaps, for send RPD framework files to be laser sintered.
- VIII. Does the software integrate with axiUm or MiPACS?
No
- IX. Does the software require workstation administrator rights to run?
Yes, a password.
- X. Will the Vendor require remote access? Yes, but only when requested for support.
- XI. Evidence: Please include evidence available and/or best practices
These are the latest in scanning and fabrication of modern dental materials at a professional level, finally at a reasonable price range. These are the laboratory industry standards.
- XII. Training: Is there a plan for training (student/faculty/residents/specify users)?
Yes, Whipmix and Ivoclar will provide training (\$900/day).
- XIII. Cost: How much will it cost? Include any annual maintenance/upgrade fees.
Scanner: \$25,375.00 – unlimited updates and triple saves with educational letter.
Mill: \$40,479.12 – N/A
Furnace: \$ 14,070.32 – N/A
- a. if supported by grant or external funding, include account and PI name:
N/A

- b. if a "Gift in Kind" or "Preferred Development Agreement", please see Dean Arneson and include with request form (yes/no/not applicable).
N/A

- XIV. Company characteristics (include name, reason for choice, alternative if company goes out of business, representative contact):
We have chosen the scanner from Whipmix instead of the same model from Ivoclar due to price and better educational discounts for updates and licenses.
-Whipmix: outstanding customer service and support, long history at Ulowa COD.
-Alternative: Ivoclar,
-Rep: Shirlene O'Russa
-Ivoclar: outstanding customer service, support, and materials research.
-Alternative: Roland
-Rep: Emily Sexton
- XV. Self-bias or possible conflict of interest:
Good scientific research and excellent service records with these companies, as a good bias. Dr. Holloway does not have a conflict of interest with either company.
- X. Implications for Curriculum – specify if related to predoctoral and/or advanced education curriculum:
- a. Identify area of curriculum incorporation: Predoctoral and/or Advanced Education Program(s)
Advanced prosthodontics graduate program: Fixed prosthodontics technique course (PROS 5740), then eventually in the graduate prosthodontics and DSP clinics.
- b. Responsible individual to submit proposal into existing course or creation of new course:
Dr. Holloway and new graduate prosthodontics program director and Kyle Bennett.
- c. Curriculum proposal for submission to Curriculum Committee for review (include course no.):
This is not a disruptive technology, it will be incorporated into the course as it exists now by swapping out any differences in existing software instructions.

Faculty Signature: Julie Holloway Date: 2/20/17

DEO Signature: Julie Holloway Date: 2/20/17

Form should be submitted to HTC Chair

INTERNAL USE ONLY

Technology & Media Services Review: [Click here to enter text.](#)

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Office for Education Approval: [Click here to enter text.](#)

Office for Finance & Facilities:

Business Associates Agreement required (yes/no): [Click here to enter text.](#)

Business Associates Agreement on file (yes/no): [Click here to enter text.](#)

Purchasing Contract/PO Information: [Click here to enter text.](#)

Pro Forma

Date: December 2, 2016



361 Farmington Ave*PO Box 17183
Louisville KY 40217
Phone: 502-637-1451
Fax: 502-634-4512

To:
Dr. Julie Holloway
Univ of Iowa
Room 413 A, DSB
801 Newton Rd.
Iowa, City, IL 52242

Ship to (if different address):

SALESPERSON	ORDER NO.	DATE SHIPPED	SHIPPED VIA	F.O.B.	TERMS
Shirlene O'Russa	Quote		Freight		

QTY.	DESCRIPTION	UNIT PRICE	TOTAL
1	3Shape D1000 Scanner w/computer #70945-ED	\$25,300	\$25,300
	<p>Includes:</p> <ul style="list-style-type: none">• 3Shape Scanner & Calibration Kit• 3Shape Dental System Premium Edition Software• 1 license installed to a Local Network and 9 additional design seats. Total of 10 design seats/ 300 SAVES• No Annual Fees for Licenses renewal• Additional Software included at No additional Cost- see modules listed• - Abutment, Implant Bar & Bridge Bundle• - RPD• - Full Denture• - Model Builder <ul style="list-style-type: none">• PC Tower HP Compaq Elite MT Computer with Intel Core i3-2 120, 8GB ram (2x4GB) PC3-10600 250GB 7200RPM SATA-6G HD (monitor not included) 3 Year Manufacturer Warranty Windows 7 64-Bit• 2 days of 3Shape Scanner and Dental System Training with certified 3Shape Trainers at Whip Mix in KY• Unlimited Whip Mix Remote Technical Support Access Link• Unlimited Dental System Software Updates		
	<p>*Additional computers preloaded with software. \$3300. *Letter for Educational Dongle License required for 2000 SAVES in lieu of the 600 SAVES. *ON SITE training available @\$900 per day plus expenses of trainers.</p>		
	SUBTOTAL		\$ 25,300
	ESTIMATED SHIPPING		75.00
	Total Quote		\$25,375.00

Shirlene O'Russa sorussa@whipmix.com 309-696-9287

Quote Valid for 30 Days
THANK YOU FOR YOUR INTEREST IN OUR PRODUCTS.

Ivoclar Vivadent, Inc.
175 Pineview Drive
Amherst, NY 14228

Tel: (716) 691-0010
Toll Free: (800) 5-DENTAL
Fax: (716) 691-2285
Website: www.ivoclarvivadent.us



Quotation 27669136

Date: May 12, 2016
Page: 1/1

Sold-to-party address

University of Iowa
Accounts Payable
202 Plaza Center One
Iowa City IA 52242

Customer No.: 190683
Payment Terms: 30 days net
Delivery Terms: FCA Amherst
Ship via: Yellow Freight Sys.
Valid until: 6/12/2016

Clerk: Customer Service Rep.
Tel.: +1 (800) 533-6825
Fax: +1 (800) 598-4569
Email: cs@ivoclarvivadent.com
Cust. Ord. No.: Hybrid S1 D1000

Quote is valid for 30 days and is subject to credit approval.

Scanner training is included at our Ivoclar facility in Troy, MI.

Scanner license is perpetual after purchase.

Price includes delivery, installation and training.

Item No.	Description	Quantity	Unit	Price USD/Unit	Disc. %	Total	Tax
673889	Zenotec select hyb. Kit-NA	1	PC	45,999.00	12.00	40,479.12	
680534EU	Programat S1 1600 118-240V/50-60Hz	1	PC	15,989.00	12.00	14,070.32	
680092EN	3shape D1000 Dental System Premium +2y	1	PC	36,499.00	12.00	32,119.12	
	Subtotal					86,668.56	
	Freight costs:					600.00	
	Total amount					87,268.56	USD

Promotional and Free Goods are not returnable.
Please join us on facebook - www.facebook.com/ivoclarvivadentNA and share your ideas!

PLEASE SEND PAYMENT TO:
Ivoclar Vivadent, Inc. PO Box 1004, Buffalo, NY 14240