

REQUEST TO DELETE EMODEL DATA

By signing below, the Company is requesting that any EMODEL data held by National Dentex for the Company be deleted in its entirety and a certificate of destruction be sent to the email provided below.

I, _____, execute this Request to Delete EMODEL Data for _____ (the “Company”), located at the address below.

Signature: _____

Title: _____

Date: _____

Email: _____

Company Address:

PLEASE EMAIL THIS FORM TO emodelinfo@NationalDentex.com FOR PROCESSING. THANK YOU.