



PO Box 31576, Des Peres, MO 63131

www.ezdent.com Phone (636) 256-7401 Fax (855) 568-1321

Expired Software License

Naturally, we are sorry you are no longer using EasyDent in your practice. We do appreciate having you as a client. Here are some options you may want to consider using.

- 1) If you wish to keep posting entries like payments, then you may purchase an additional EasyDent three-month license extension for **\$350**.
- 2) Set your computer date back to before your License expired. Contact your hardware Support technician to determine if and how you can do this, we cannot assist in this process. Once you have EasyDent open again you can use the Advanced Utilities Menu to create Excel CSV Format Export files by using the Export options for Patients, Transactions, and Schedules.
- 3) You can try opening EasyDent in the Read Only mode (you cannot add new data), by entering the special password "**BYPASS**" at the Login Screen Error 2000-013 prompt.
- 4) With your assistance; Data Tec can create a PDF File of Patient Demographics and Ledgers for you for **\$650**. Patient identify information only shows patients birth year and last 4 digits of social security number. This is a great option because you can access the information on any computer that can Read PDF files, you need EasyDent on the computer.

If you wish to select options 1 or 4, please fill out and fax back the next page.

We highly recommend option #4, you never know when Windows will change in the future and force the software to stop working all together.

We thank you for using EasyDent and wish you the best of continued success. 😊



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Software License Expiration Options

Please check the option you wish to use, then fill out the form below and **fax** it back to us at **(855) 568-1321**. Once we have the information and process your payment, we will contact your office.

- 1. Three (3) Month license extension for **\$350**.
- 2. Have us create a Patient Demographics and Ledgers PDF file for **\$650**.

- PLEASE PRINT CLEARLY -

<input type="checkbox"/> MasterCard	_____	_____
<input type="checkbox"/> Visa	Card Number	Security
<input type="checkbox"/> American Express		Code
____/____/____	Street (Where your Charge Card Bill is sent)	
Expiration Date	_____	
	Zip Code (Where your Charge Card Bill is sent)	
\$ _____	_____	
Dollar Amount	Print Clearly Charge Card Holder Name	
_____	_____	FAX NUMBER
Charge Card Holder Signature	Date	(855) 568-1321