

George Eliades, D.D.S.

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Registration for California Dental Board Radiation Safety Course #59 (32 hours)

\$395 if the candidate is already trained in dental radiology

\$695 if the candidate is not working in a dental office.

Only 2 students per class

Dr. Eliades provides each student with:

- 1) Their own complete computerized operatory, equipped with 2 digital sensors; 1 narrow vertical (#1) and 1 horizontal (#2).
- 2) Their own dental x-ray manikin.
- 3) Dental X-ray film for the manikin FMX plus double exposure dental X-ray film for one patient FMX.

The candidate provides 4 patients for Full Mouth Series (FMX's) 3 are produced digitally, and 1 with film.

Each FMX on patients and manikins consists of 4 bitewings plus 14 PA's for a total of 18 images per FMX. Patients must have secondary dentition and in need of dental X-Rays.

Class starts at 8:30 AM on Sunday, and ends by 8:30 PM. Students begin with producing 1 digital FMX plus 1 film FMX on their manikin. They finish the first day by producing a FMX on one of their patients utilizing analogue (film) imaging with double exposure film.

After completing the Sunday class, the candidate has 20 hours to produce 3 FMX's on 3 patients (digitally), and finish the didactic portion of the program by completing a 100 question written exam (minimum passing score of 70%).

Each candidate provides 4 patients for F.M.X.'s. Refunds are not issued to candidates that do not pass this program. We withhold \$395 (or \$695 if the candidate is not working in a dental office) if a refund is requested **without** a written request 14 days prior to the start date; a full, complete refund is issued if the class is canceled due to enrollment. We limit this course to 2 students. Dr. Eliades provides all materials, including analog film. Patients must have secondary dentition and in need of dental radiography; full series are 18 images. All instruction is at the dental office of Dr. Eliades: **15541 Beach Blvd. Suite D Westminster, CA 92683-7114**

Fax, attach to an email or physically mail this form along with your payment.
Accepted forms of payment are Money Orders, Cashier's Check, Visa, MasterCard, Discover Card, American Express. Pay Pal, cash or personal checks (return check fee is \$150).
Make checks payable to **George Eliades, D.D.S.**

Start date: _____

Name _____ **(print clearly)**

Email _____

Last Four Digits of **Social Security** Number # _____ phone # _____

Address _____

City _____

State _____ Zip Code _____

Course Fee \$395 or \$695 (circle fee selected) Credit Card Information **must be legible**

Name on credit or debit card _____

Billing Address if different from above _____

State _____ Zip Code _____

Card Type _____ security code _____

Card Number _____

Expiration Date _____

Credit Card Authorized Signature _____

Signature of Candidate _____ **Date** _____