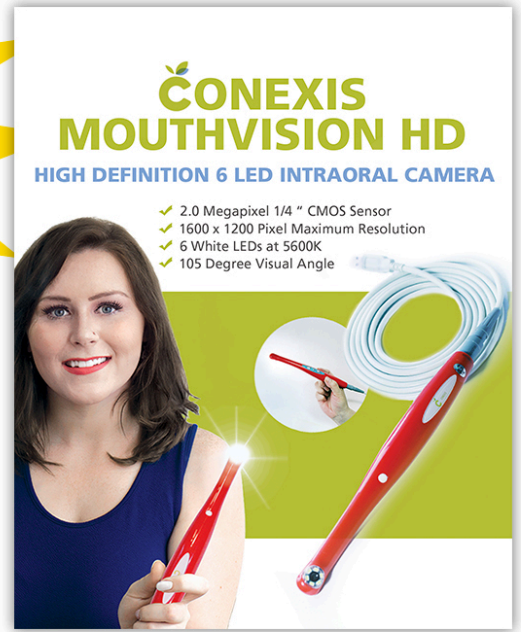


**\$1295
value!**

PRACTICE WILL RECEIVE **FREE** CONEXIS MOUTHVISION HD INTRAORAL CAMERA!



Doctors's name: _____ Contact Name: _____

Address: _____

Phone number: _____ Fax number: _____

Email: _____

Lunch and Learn Date: _____

Estimated number of attendees: _____

Number of Operatories: _____

Current X-ray equipment: _____ Approximate age of equipment: _____

Current intra-oral cameras: _____

Do you have a Panoramic Unit : Yes No

Do you have a Ceph module: Yes No

Number of implants placed per year in the office: _____

Number of orthodontic cases per year: _____

Notes: _____

Owner doctor must attend the presentation.

Camera installation and integration (\$185) not included.



CONEXIS DENTAL SERVICES

416.901.6894 | info@conexisdental.com | www.ConexisDental.com