

# You are Invited to Join a Laser Study Club

## Featured Speaker

Dr. Christina Do is a graduate of Loma Linda University School of Dentistry. In addition to her private practice, Dr. Do has lectured extensively on developments and trends in laser dentistry nationally and at state dental conferences. Dr. Do has been featured in the California Dental Association newsletter for her animated children's educational DVD "ToothTales", which has received numerous accolades, including 1st place for People's Choice. Dr. Do has also been featured on the show "The Doctors" for her expertise in laser dentistry.

This local study club will focus on keeping members up to date on the latest advances in laser dentistry, including:

- New laser applications to improve productivity and clinical results with implants
- Non-surgical periodontal laser procedures
- High-speed hard tissue cutting for cavity preps
- Laser-assisted root canal therapy – improving disinfection of the root canal
- New diode lasers applications – from hygiene to low-level laser therapy

Topics for the group will cover all aspects of successfully adding laser technology to the practice. Whether you are a new or experienced laser owner, or considering adding a laser to your practice, you will find this study club informative and inspiring. A Biolase Laser Specialist can provide you with a simple practice analysis to help you decide which laser technology is the best fit for you and your patients.

**Space is limited, so reserve your place by registering today.**

## Event Details

Friday Aug. 19, 2011  
9:00am to 2:30pm  
BIOLASE Technology  
4 Cromwell  
Irvine CA 92618

## Featured Speaker

Christina Do, DDS

## Register

Fax this completed form: **949-273-6687**

Online: **www.LearnLasers.com**

## To Schedule a Lunch and Learn or for Questions:

Vince Raceanu  
805-217-6318  
vraceanu@biolase.net

## Yes!

*I would like to attend  
this laser event.*

Name(s): .....

Titles (DDS, DMD, RDH, RDA): .....

Practice Name: .....

Address: .....

City: .....

State/Province: ..... Zip/Postal Code: .....

Phone: ..... Fax: .....

Mobile: ..... Email: .....

Administrative Assistant: .....

Do you own a laser?

No  Yes Type/Brand: .....

What types of procedures do you refer out?: .....

.....