



HYGIENIST CERTIFICATION

Once the practice is certified, the dentist can certify hygienists by completing the following information and returning it to Zila Pharmaceuticals, Inc.

Office Information

Name of Dentist _____

Name of Practice _____

Address _____

City, State, Zip _____

Phone _____

Email address _____

Hygienist Information

Name of Hygienist _____

Address (if different from practice) _____

City, State, Zip _____

Phone _____

Email address _____

Hygienist name as you want it to appear on the certificate:

ViziLite Certification Validation

This hygienist has reviewed the ViziLite Training CD

- Yes No

This hygienist is familiar with and uses the patient consent form

- Yes No

This hygienist is familiar with and uses the mouth map

- Yes No

This hygienist has performed at least 40 ViziLite examinations

- Yes No

Signature of Certifying Dentist

Signature

Attach copies of invoices showing the purchase of at least forty (40) ViziLite examinations and return the completed form by fax or mail to:

Zila Pharmaceuticals, Inc.
Attn: Customer Service
5227 N. 7th Street
Phoenix, AZ 85014
Fax: 602.234.2318
Phone: 866.945.2776

Please allow 2 - 4 weeks for processing and delivery of your Certificate.