



PRACTICE CERTIFICATION

Please complete the following information and return it to Zila Pharmaceuticals, Inc. to receive ViziLite Certification for an office or Dental Practice.

Office Information

Name of Dentist _____

Name of Practice _____

Address _____

City, State, Zip _____

Phone _____

Email address _____

Web site address _____

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

ViziLite Certification Validation

Our office has reviewed the ViziLite Training CD

- Yes No

Our office is aware of and utilizing the ViziLite Oral Cancer Patient Brochure

- Yes No

Our office is familiar with and uses the patient consent form

- Yes No

Our office is familiar with and uses the mouth map

- Yes No

Our office has performed at least 40 ViziLite examinations

- Yes No

Additional Feedback

Please provide any comments about ViziLite Plus that you feel would be important for us to know.

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.