

**LOUISIANA DENTAL ASSOCIATION**  
**Radiographics Training**  
**Order Form**

Date: \_\_\_\_\_

Name of Person(s) Taking the Test: 1. \_\_\_\_\_  
*(As the name should appear on Certificate)*  
*(Please print)* 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Office Mailing Address for Certificates:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Employed by: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Please print)*

Address: \_\_\_\_\_



**Fee: Member Dentist \$40.00 (For 1st staff person) ..... \$ \_\_\_\_\_**  
*(Fee includes depreciation cost on video tape, one student's workbook, certificate of completion, and mailing charges.)*

**Fee: Non-Member Dentist - \$75.00 (For 1st staff person)**  
**Plus: \$150.00 deposit for video tape, to be refunded upon return of video.**  
**Total initial fee: \$225.00 ..... \$ \_\_\_\_\_**

For additional staff, please add the following:

**(Member Dentist)** Additional workbook(s) for added staff person(s): \_\_\_\_\_ x \$15.00 ea. = \$ \_\_\_\_\_  
**(Non-Member Dentist)** Additional workbook(s) for added staff person(s): \_\_\_\_\_ x \$25.00 ea. = \$ \_\_\_\_\_

**TOTAL DUE ..... .. \$ \_\_\_\_\_**

**Payment: Check # \_\_\_\_\_ (Make check payable to: Louisiana Dental Association)**

\_\_\_\_\_ **Credit Card** (Please circle) **Visa MasterCard**

**Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_**

**NOTE: This video tape must be returned to the LDA office within (15) working days. If it is past the designated due date, there will be an assessment of \$3.00 per day. Should the video tape not be returned within thirty (30) days from the due date, you will be assessed \$100.00, plus shipping and handling, for replacement of the video tape.**

**Return to: Louisiana Dental Association, 7833 Office Park Blvd., Baton Rouge, LA 70809**  
**or FAX to: (225) 926-1886**