

CINCINNATI DENTAL SOCIETY'S ORDER FORM
Ohio Dental Assistant Radiographer Certificate Home Study Program
Fax this form to 513-984-3047

When completing this form, please print clearly to avoid misspelling of your name, mailing address, and/or email addresses. THANK YOU!

Effective January 1, 2023 ALL correspondence AFTER the initial mailing of the manual will be conducted by email. Please provide the Cincinnati Dental Society with the following:

Email of Applicant: _____

*Email of Dentist and/or
Dental Assisting Instructor:* _____

Fees Effective January 1, 2023

*Staff of Cincinnati Dental Society Members - \$115
Staff of American Dental Association Members - \$125
Staff of Non-American Dental Association Members - \$145*

Date Manual Mailed to Applicant: _____ **Applicants - please complete these items.*

*Name _____

*Address _____ *City _____

*State/Zip _____ *Phone _____

*Dentist/Employer _____

*CDS Member? Yes No Other Society _____

*Address _____ *City _____

*State/Zip _____ *Phone _____

*Name on CC: _____ *Exp Date: _____ *CVV#: _____

*Credit Card # _____ *Business or Personal Card
Please Circle One: AMEX Discover Master Card Visa (Please circle one)
