

CINCINNATI DENTAL SOCIETY'S ORDER FORM
Ohio Dental Assistant Radiographer Certificate Home Study Program
Fax this form to 513-984-3047 OR Email to vicki@cincinnatiadental.org

For ease of completing this order form, we have created a fillable form.
We will no longer accept handwritten order forms. THANK YOU!

Effective January 1, 2025 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, 2025

Staff of Cincinnati Dental Society Members - \$140

Staff of ADA and Non-ADA Members- \$165

ALL DENTAL ASSISTING SCHOOLS/ACADEMIES - \$165

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

*Name _____

*Address _____ *City _____

*State _____ *Zip Code _____ *Phone _____

*Dentist/Employer _____

*CDS Member? Yes No Other Society _____

*Address _____ *City _____

*State _____ *Zip Code _____ *Phone _____

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

*Credit Card # _____ Business Personal
