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IPN/BLUELINE EXTRA
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US Prosthetic Lab Corp
Phone 213-613-1777
Fax 213-613-1773
www.usplclub.com

*New Clients: Minimum 10 cases/month-Any combination of removable or fixed required for this Special Pricing.

Promo Code: TRA-AUG15



1-888-94-USPLC
8 7 7 5 2

OUR DENTAL LAB PAYS FOR CUSTOMER LOYALTY!

\$99 ^{Z*}
CROWNS

REGULAR PRICE \$159
ZIRCONIA CROWNS FOR SINGLE CROWNS UP TO 3 UNIT
OFFER EXPIRES 9-30-09

% 10 ^{*}
DISCOUNT

ALL IMPLANT DENTURES AND CROWNS
OFFER EXPIRES 9-30-09



Orthoscopic Lenses \$1495
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SPS (Sentsply)
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DEMI Unit Light Box \$1263.90
USPLC LAB CUSTOMER PRICE **\$300****

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**Price reflects a two year minimum \$2000/month cancelable contract per item- call for details. The program may be terminated without notice.



**SOUTHERN CALIFORNIA
ACADEMY OF GENERAL DENTISTRY**



Southern California Academy of General Dentistry

The Fundamentals of Implant Dentistry for 2009

Speaker-Instructor: Jin Kim, DDS, MPH, MS

Sunday, September 13, 2009 Registration 7:00 am to 8 am

Program: 8:00 am to 5:00 pm Lunch 12:00 to 1:00 pm

Embassy Suites Hotel-Anaheim South, 11767 Harbor Blvd., Garden Grove,
California 92840 Phone: 714-539-3300 8 CE Units

Free Parking



Dr. Jin Kim is a 1986 graduate of the University of Sydney (Australia). He received his training in periodontics at UCLA in 1998 and is dual certified by the American Board of Periodontology and the American Board of Oral Implantology. Dr. Kim is a Fellow of the American Academy of Implant Dentistry (AAID) as well as the International Congress of Oral Implantology (ICOI), and has advanced degrees in pathology, public health and oral biology. He spent nine years in general dentistry and academia before starting his practice in periodontology. Dr. Kim has authored numerous articles and book chapters covering innovations in clinical periodontics and implantology, and has lectured in over 16 countries. He is currently a lecturer at UCLA School of Dentistry and an officer in the Western Society of Periodontology, while maintaining a private practice in Diamond Bar and Garden Grove.

Program Synopsis

Dental implants are no longer a novelty consideration in the treatment planning process. They are one of the most predictable and most durable restorations a dentist can provide today. Learn what a modern dental team needs to know about this 27 year old treatment modality that is continuously evolving.

The Registration Form and Additional Information is on the Other Side

This program will offer a mini hands-on workshop to the first 18 dentists who sign-up and pay an extra \$175 in addition to the regular registration fee. This workshop will be from 2:30 pm to 5:00 pm. Course attendees not involved in this workshop are expected to observe and listen until 5:00 pm.

To reserve a workshop place please print your name here: _____

The registration form is on the other side of this flyer

Dr. Kim's honorarium is being provided by Colwell Medi, USA Dental Implants
Buena Park, California



Phillips Accounting
(714) 667-2311

For Information and Registration call SCAGD at 310- 471-4916 800-762-2511



The Exciting World of General Dentistry

Southern California Academy of General Dentistry
Turn This Page Over for the Program Subject and Instructors

You Will Learn the Following:

- Diagnosing & planning implant treatment for simple routine cases
- How to gain experience & training in placing and restoring implants
- How to plan, direct and work as a team member with implant dentistry
- How to correctly present implant dentistry to your patients and staff
- Learn basic instrumentation & operate in the workshop (1st 18 dentists)
- How to keep proper records and manage patient expectations
- How to avoid treatment and management problems with implant cases
- How to make financial arrangements and promote grateful patients

To register by fax: Please make a black and white copy of this form first. Then fax the copy to 310-472-6729. The blue color background of this original flyer prevents accurate faxing. Please use a separate copy for each person who is being registered.

Registration Form

(Please print clearly in capital letters using a dark pen)

License No _____ AGD No. if a member: _____
 Name _____ DR/RDH/RDA
 Address: _____ City: _____ ST _____ ZIP _____
 Phone No _____ Fax No: _____ E-Mail _____
 Amex/ Visa /MC No: _____ Exp _____ Total Amount _____
 Zip code of credit card statement _____ **Additional workshop tuition add \$175** _____
Cancellation Policy: Must be within 7 days of the meeting for a 90% refund.
Otherwise a credit voucher for another meeting within one-year will be issued to you.

Non Workshop Tuition Due by September 5, 2009		After Due Date
AGD Member	\$99	\$119
Non-AGD Member	\$119	\$139
RDA/DA/RDH	\$59	\$69

Continental Breakfast & Lunch Provided - Free Parking- **Dental Students \$49**

Make checks payable to SCAGD and Mail the forms to SCAGD c/o Dr. Robert Garfield, 2720, Aqua Verde Circle, Los Angeles, CA 90077-1502, or **if faxing** this completed form, **make a copy first & fax the copy to 310-472-6729**