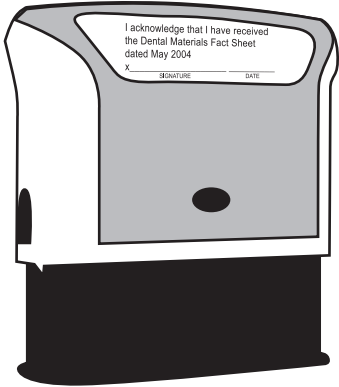


**SDDS
MEMBER
BENEFIT!**

DENTAL MATERIALS FACT SHEET TO BE GIVEN TO ALL PATIENTS



THE LAST UPDATE OF THE DENTAL MATERIALS FACT SHEET WAS IN **MAY 2004**. DO YOU HAVE IT? DO YOU NEED MORE?



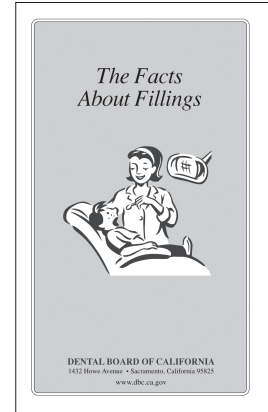
SELF-INKING STAMP READS:

"I acknowledge that I have received the Dental Materials Fact Sheet, dated May 2004."

BUSINESS & PROFESSIONALS CODE SECTION 1648.15 REQUIRES THE FOLLOWING OF ALL DENTISTS:

- The dentist must provide the most recent version of the Dental Materials Fact Sheet (DMFS) to every new patient & to patients of record before performing dental restoration work. The dentist needs to provide the fact sheet to each patient only once.
- The patient must sign an acknowledgement of receipt of the fact sheet & a copy of the acknowledgement must be placed in the patient's dental record.
- If the Dental Board updates the DMFS, the updated sheet must be given to patients in this same way.
- The dentist must also provide DMFS to patient upon request.

This requirement shall not apply to any surgical, endodontic, periodontic or orthodontic dental procedure in which dental restorative materials are not used.



DMFS BOOKLET:

5.5" wide x 8.5" tall — pre-folded & stapled for your convenience!

DENTAL MATERIALS FACT SHEET KIT

TO ORDER YOUR DENTAL MATERIALS FACT SHEET ITEMS, FAX ORDER COMPLETED ORDER FORM TO SDDS AT (916) 447-3818.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

- BASIC KIT:** 1 Self-inking stamp & 1 DMFS booklet [**\$30** to all SDSS members]*
- BASIC KIT + 50 COPIES** of DMFS booklet [**\$65** to all SDSS members]*
- BASIC KIT + 100 COPIES** of DMFS booklet [**\$90** to all SDSS members]*
- SELF-INKING STAMP** only [**\$22.50** to all SDSS members]*
- 50 COPIES** of DMFS booklet only [**\$35** to all SDSS members]*
- 100 COPIES** of DMFS booklet only [**\$70** to all SDSS members]*

SHIPPING & HANDLING [**\$7.50**]

I WILL PICK UP my order at SDSS [**FREE**]

** Prices for non-members double*

PAYMENT INFO:

VISA MASTERCARD CHECK BILL ME

CARD #:

EXP DATE: / 3-DIGIT CODE:

CARDHOLDER: _____

BILLING ADDRESS: _____

SACRAMENTO DISTRICT DENTAL SOCIETY • 915 28TH STREET • SACRAMENTO, CA 95816 • (916) 446-1227 PHONE • (916) 447-3818 FAX • PRINT YOUR OWN DMFS AT WWW.SDDS.ORG