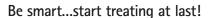
# 

With more than twenty years of experience in laser technology, LASOTRONIX covers a wide range of applications, including a variety of therapy accessories. Cutting-edge technology is the trademark they all have in common: one unit is set to equal five different devices, making the use of CO, Nd:YAG, low-power diode lasers, PAD lamp or an ozone system as well as teeth whitening lamps. Applying the most powerful laser results in the shortest-possible treatment time and low operating costs.





Only recently, LASOTRONIX has launched its new diode laser SMART<sup>M</sup>, especially designed for dentistry. Combining two laser wavelengths (635 nm/200 mW and 980 nm/10 W) to achieve high efficacy, this laser device makes use of fast cutting via coagulation and the best-possible "cold" stimulation and disinfection.

In addition, accessories such as the flexible, thin quartz fibre and a variety of surgical handpieces provide maximum versatility. As a result, SMART<sup>M</sup> is suitable for a vast range of applications and therapy forms, including microsurgery, dermatosurgery, endodontics, periodontology, whitening,



biostimulation and PAD—photoactive disinfection of root canals.

The laser unit also features an expandable database covering a set of predefined therapy protocols, which can be modified and assigned to a patient. It unique versatility makes SMART<sup>M</sup> an essential asset to any modern medical office.

#### contact

### **LASOTRONIX**

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#### Return address

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## Membership application form (English)

Name/title:	
Surname:	
Date of birth:	Deutsche Gesellschaft für
Approbation:	uy i laser
Status: self-employed employed	☐ civil servant ☐ student ☐ dental assistant
Address: Practice/office/institute (delete as appli	cable)
ZIP/city:	Street:
Phone/fax:	
Private/place:	
9	K, an additional reduced annual fee for DGZMK is charged (85 EUR p.a. ction is made by the DGMZK office, Liesegangstr. 17a, 40211 Düsseldorf, Germany.
With the application for membership I ensure tha	at
☐ I am owing an own practice since	and are working with the laser type  (exact name)
☐ I am employed at the practice	
	tion of Laser Dentistry (Deutsche Gesellschaft für Laserzahnheilkunde e.V.)
Place, date	Signature
Annual fee: for voting members with direct debit €	:150
In case of no direct debit authorisation, an adminis	stration charge of €31 p/a. becomes due.
DIRECT DEBIT AUTHORISATION	
I agree that the members fee is debited from my b.	ank account
Name:	IBAN:
BIC:	Credit institute:
Signature of account holder	This declaration is valid until written notice of its revocation