Introducing LASOTRONIX— lasers for generations

[Picture: ©Lukas Majercik]

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.

SMART M

Be smart...start treating at last!

Only recently, LASOTRONIX has launched its new diode laser SMART M, 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 M 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 M an essential asset to any modern medical office._

contact

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Membership application form (English)

Name/title: _____

Surname: _____

Date of birth: _____

Approbation: _____

Status: ☐ self-employed ☐ employed ☐ civil servant ☐ student ☐ dental assistant

Address: Practice/office/institute (delete as applicable)

ZIP/city: _____ Street: _____

Phone/fax: _____ Email: _____

Private/place: _____ Street: _____

Due to an association agreement of DGL and DGZMK, an additional reduced annual fee for DGZMK is charged (85 EUR p.a. if you are not yet a member of DGZMK). The contribution collection is made by the DGMZK office, Liesegangstr. 17a, 40211 Düsseldorf, Germany. You will be addressed hereby.

With the application for membership I ensure that

☐ I am owing an own practice since _____ and are working with the laser type _____ (exact name)

☐ I am employed at the practice _____

☐ I am employed at the University _____

I apply for membership in the German Association 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 administration charge of €31 p/a. becomes due.

DIRECT DEBIT AUTHORISATION

I agree that the members fee is debited from my bank account

Name: _____ IBAN: _____

BIC: _____ Credit institute: _____

Signature of account holder This declaration is valid until written notice of its revocation