

National Casualty Company

Home Office Address: 902 Ann Street, Suite A • Madison, Wisconsin 53713-2404
Property/Casualty Division: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

LASER SUPPLEMENT

IF YOU DO NOT USE LASERS, DO NOT COMPLETE THIS SECTION.

1. Name: _____

2. Please check which type of laser you use:

- CO₂ Argon NgYAG (pulsed)
 NgYAG (continuous-wave) Erbium YAG Other: _____

3. I use the laser for:

- curing composites gingival curettage operulectomy coagulation
 remove lesions frenectomy gingivoplasty incisional biopsies
 scaling root planing removal of caries whitening
 gingivectomy vestibuloplasty excisional biopsies other: _____

4. Please list the training or CE courses you have completed: _____

I understand information submitted herein becomes a part of my Dentists Professional Liability Application and is subject to the same conditions.

Your Signature

Date

ATTACH COPIES OF YOUR CONTINUING EDUCATION COURSES IN LASERS AND COPIES OF THE CONSENT FORMS USED IN YOUR PRACTICE.