

VELscope User Directory

Dear VELscope User:

Congratulations! Your decision to incorporate the VELscope® Oral Cancer Screening System into your practice is proof of your commitment to fulfilling your responsibility as the first line of defense in the fight against oral cancer.

It is our goal to assist you in any way possible in the implementation of the VELscope system in your practice. Your ongoing success will help ensure that more and more oral cancer patients will be receiving timely screening, diagnosis and treatment.

This is why we would like to invite you to be added to our VELscope User Directory. This Directory consists of an online searchable database of VELscope users, and it is intended to link oral healthcare professionals, including general practitioners and specialists, such as oral surgeons and oral pathologists, so you can share your oral cancer screening and Fluorescence Visualization knowledge and experiences with other experts. We trust you will find the Directory to be an invaluable source of information that will assist you in making the most of your VELscope experience.

The Directory is also available to the general public so patients in your area who are looking for a local dental office offering oral mucosal examinations with the VELscope system can find you. We help turn patient inquiries into customers for your dental practice.

If you agree to be added to the VELscope User Directory, the basic contact information of your dental practice will be posted on our online searchable database and it will be made instantly available to thousands of colleagues and patients! This contact information consists of your name, specialty, business address, and phone number. You can also specify an office or company name, email address, website URL, and fax number.

All you need to do to accept this invitation is complete and sign this letter in the space provided below and return it to LED Dental Inc. by fax or mail (see contact information below). Adding your name to the Directory is totally free of charge, there is no compensation, and you can have your name withdrawn from the database at any time by just sending a written request to us directly.

Please do not hesitate to contact us should you have any questions regarding this invitation. Thank you in advance and we look forward to having you in our VELscope User Directory.

Sincerely,

LED Dental Inc.

Invitation Acceptance

By signing below, I hereby accept the invitation to be added to LED Dental's VELscope User Directory under the conditions indicated above.

Signature: _____

First Name: _____

Last Name: _____

Specialty:

General Practitioner Endodontist Prosthodontist Orthodontist Periodontist

Oral Surgeon Pathologist Denturist Other: _____

Dental Office / Company Name: _____ Phone No.: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____ VELscope Serial #: _____

Email: _____ Website: _____

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