

Sterilization Monitoring Service

Please print name as you would like it to appear on the certificate.

Name: _____

Address: _____

Telephone: _____

Please indicate how many of each type of sterilizers your office has:

___ Unsaturated Chemical Vapor (e.g. Harvey Chemiclave)

___ Steam Autoclave

___ Dry Heat

___ Ethylene Oxide

Please indicate whether you would like monthly or yearly monitoring (prices are for one sterilizer):

___ Monthly (\$120.00 per year)

___ Yearly (\$375.00 for 48 weeks)

___ Yearly (339.00 for 48 weeks) as a benefit for Georgia Dental Association members

Please make your check payable to the AU Dental Associates.

Return this completed application with your check for the amount indicated to:

Sterilization Monitoring Service
c/o Michelle Barnes, Office Manager
Augusta University, The Dental College of Georgia
Department of Oral Biology
1120 15th Street, CL-3008
Augusta, GA 30912-1100

For more information please call 706/721-2991.