

MIRAGE CENTER  
ORAL & MAXILLOFACIAL SURGERY  
Rancho Mirage, CA

CONTINUING DENTAL EDUCATION  
**Verification of Course Attendance**

April 30<sup>th</sup> – May 7<sup>th</sup> 2010

ORAL MAXILLOFACIAL SURGERY  
BONE GRAFTING  
PREPROSTHETIC BONE GRAFTING & IMPLANT SITE ENHANCEMENT

I certify that I completed the above course for continuing education.

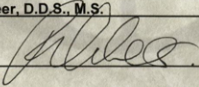
Dr. Michael Claar

Licentiate's Signature: \_\_\_\_\_

Date: April 30<sup>th</sup> – May 7<sup>th</sup> 2010

Provider's Name: Peter M. Scheer, D.D.S., M.S.

Provider Number: 3163

Provider's Signature: \_\_\_\_\_  


Credits Earned: Forty-eight