IMPLANT and PERIO CARETM

www.ImplantAndPerioCare.com Fax to: 914-948-7429

Email to: CustomerService@ImplantAndPerioCare.com

Date:						
Ship to:						
Name:						
Address:						
Telephone:		_ Email for Inv	oicing:			
	OHANTITIES.	36 dozen+	12-35 dozen	3-11 dozen		
SUI CUS ONE N	QUANTITIES: 4A:1 BRUSHES (each):	432 brushes+ \$2.50	\$3.50	36-132 brushes \$4.50	X	dozen
	AA:8x2 BRUSHES (each):	\$3.50	\$4.50	\$5.50		dozen
	BRUSHES - SOFT MA:3x2 S (each):	\$3.50	\$4.50	\$5.50	x	
	RUSHES - ULTRA-SOFT MA:3x2 U-S (each		\$4.50	\$5.50	x	
	NT & PERIO CARE BRUSHES (each):	\$44.00	\$54.00	\$64.00		dozen
SONIC IMPLAN	NT & PERIO CARE Perio Heads (4 pk)	: \$15.25	\$17.50	\$20.25	x	dozen
SONIC IMPLAN	NT & PERIO CARE Std Heads (4 pk):	\$9.25	\$11.25	\$13.25	X	dozen
SONIC 4 IMPLA	NT & PERIO CARE Heads (4 pk) (fits Sonicar	re®): \$15.25	\$17.50	\$20.25	X	dozen
UPPER CASE: (Darken) FIRST LINE: UPPER CASE: (Darken) SECOND LINE: (optional) UPPER CASE: (Darken) THIRD LINE: (optional) SUBTOTAL: TAX (NY, WI O		00000	000000	000000		
TOTAL:						
Please note that	final invoice will be e-mailed and must	be paid before	custom imprintin	g is processed.		
NOTES:						
☐ I understand	that toothbrushes are not returnable unle	ess damaged in	shipping.			
Agree and certifi	ed:		Date:			
Print Name:						