



PATIENT ORDER FORM

PREMIUM TOOTHBRUSHES

INDIVIDUALLY BOXED, SOLD BY EACHES

CODE	DESCRIPTION	1 TO 35	QTY	36 OR MORE	QTY
I/1	#1, 3-ROW STAGGERED	\$1.00	_____	\$0.75	_____
I/2	#2, 2-ROW ORTHO	\$1.00	_____	\$0.75	_____
I/3	#3, 3-ROW REGULAR	\$1.00	_____	\$0.75	_____
I/4	#4, 4-ROW 43-TUFT	\$1.00	_____	NO DISCOUNT	
I/5	#5, 4-ROW 43-TUFT SUPERSOFT	\$1.00	_____	NO DISCOUNT	
I/6	#6, 2-ROW SULCUS	\$1.00	_____	\$0.75	_____
I/7	#7, 3-ROW 29-TUFT	\$1.00	_____	\$0.75	_____
I/8	#8, 3-ROW JUNIOR	\$1.00	_____	\$0.75	_____

VALUE TOOTHBRUSHES

INDIVIDUALLY CELLOPHANE, SOLD BY DOZEN

I/EA	#4, 4-ROW 43-TUFT	\$6.00	_____
I/EJ	#8, 3-ROW JUNIOR	\$6.00	_____

DENTAL FLOSS

SOLD BY EACHES

CODE	DESCRIPTION	1 TO 35	QTY	36 OR MORE	QTY
I/U	100 YD. CLASSIC NOWAX 490 WHITE	\$3.00	_____	\$2.50	_____
I/W	100 YD. CLASSIC LITEWAX 490 WHITE	\$3.00	_____	\$2.50	_____
I/UB420	100YD. PERCEPT NOWAX 420 BLACK	\$3.00	_____	NO DISCOUNT	
I/WB420	100 YD. PERCEPT LITEWAX 420 BLACK	\$3.00	_____	NO DISCOUNT	
I/UB	75 YD. PERCEPT NOWAX 630 BLACK	\$3.00	_____	NO DISCOUNT	
I/WB	75 YD. PERCEPT LITEWAX 630 BLACK	\$3.00	_____	NO DISCOUNT	

PLAQUE DISCLOSING WAFFERS

I/DW	40 TABLETS PER BOX	\$2.50	_____
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SHIP TO:

I hereby authorize Oral Health Products, Inc. to charge my

NAME _____ Visa _____ MC _____ for this purchase.

ADDRESS _____ CARD NO. _____

CITY/ST/ZIP _____ EXP DATE _____

PHONE _____ SIGNATURE _____

PAYMENT MADE BY CHECK OR VISA/MASTERCARD - MINIMUM ORDER = \$20.00
POSTAGE AND HANDLING CHARGE = \$4.95 PER ORDER
MAKE CHECK PAYABLE TO POH. OKLAHOMA ORDERS ADD 8% SALES TAX. ALL PRICES USD

CLR-FM-006
04/20/10 REV 7

50th
1961-2011
Anniversary
 PERSONAL ORAL HYGIENE

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