

PRACTICON

PRACTICAL INNOVATIONS FOR DENTISTRY
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BILL TO:

DR MS MR _____
Practice Name _____
Contact Name _____
Street Address _____
City _____ State _____
Zip _____ County _____ Country _____
Phone (_____) _____
Fax (_____) _____
Email _____

DATE _____ Source Code _____
REP _____

SHIP TO (If different from BILL TO):

DR MS MR _____
Street Address _____
City _____ State _____
Zip _____ Phone (_____) _____

Practice Type: GP ENDO ORAL PATH ORAL RAD ORAL SURG ORTHO
PEDO PERIO PROS PUB HLTH OTHER _____

PAYMENT: VISA MC DISC AMEX BILL Check Attached
CC # _____ Exp _____

THANK YOU FOR YOUR ORDER!

| ITEM NO | QTY | DESCRIPTION | PRICE | TOTAL |
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SPECIAL INSTRUCTIONS

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| US SHIPPING RATE TABLE PR Members \$9.99 <i>Flat-rate Shipping/Continental U.S.</i> Non-Members IF SUBTOTAL is: Up to \$50.00 \$9.99 \$50.01 - \$75.00 \$10.99 \$75.01 - \$100.00 \$13.99 \$100.01 - \$200.00 \$15.99 \$200.01 - \$300.00 \$16.99 Over \$300.00 \$17.99 Plus \$25.00 additional to HI, AK, PR, Guam, and U.S. Virgin Islands | REGULAR SUBTOTAL | |
| | Practicon Premier Members ONLY enter SUBTOTAL using your PR DISCOUNT PRICES | |
| | PRACTICON PREMIER MEMBER SUBTOTAL | |
| | NC Customers add Sales Tax | |
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