

Dedicated Dental Services Fresh Breath Kit Order Form

Fill out this form and fax to: (718) 565-7982
 or send with Money Order to: Attn: FBK, 1501
 Broadway, Suite 1910, NYC 10036. You can also
 Order toll free at: (800) 634-1945.

| Address Information | |
|---------------------|--|
| Name | |
| Address | |
| City | |
| State | |
| Zip | |

| Contact Information | |
|---------------------|--|
| Home Phone | |
| Cell Phone | |
| Email Address | |

Select Kit, Quantity, and Enter Total

| Contact Information | | |
|---|----------|---------------|
| Kit | Quantity | Subtotal |
| <input type="checkbox"/> Kit One (\$30.95) | | |
| <input type="checkbox"/> Kit Two (\$159.95) | | |
| Shipping & Handling | | \$5.00 |
| Total | | |

Payment Information

- Enclosed is money order for \$: _____
 Payment by Credit Card

| Contact Information | |
|---------------------|---|
| Card Type | <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Disc |
| Account Number | |
| Expiration Type | |

Please send me the selected Fresh Breath Kit

 Signature

Please allow two weeks for delivery. (This is a Fillable PDF Form)
www.a-dentist.com