

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 (\$38.95)		
<input type="checkbox"/> Kit Two (\$159.95)		
Shipping & Handling		\$10.00
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