

Preventive Orthodontics

Order & Credit Card Authorisation Form

I HEREBY AUTHORISE PREVENTIVE ORTHODONTICS TO CHARGE MY CREDIT CARD FOR THE FOLLOWING:

Dental Hygiene Pack – \$50

- Tooth Mousse (mint/strawberry/vanilla)
- Plaque Disclosing Tablets (x10)
- Brushing Timer (blue/green/orange/pink/yellow)

Lip Seal Device – \$50

- Small (54cm)
- Medium (60cm)
- Large (66cm)

Ameba Oral Spa - \$90

(blue/brown/green/orange/pink/yellow)

Ameba Oral Spa Brush Head Replacement x 3 - \$30

Pacifier – \$10

- Size 1 (no baby teeth)
- Size 2 (baby teeth)

Finger Guard – \$180 per Kit

- Small (3-5 year olds)
- Medium (5-6 Year olds)
- Large (7 years and up)

Baby Cups x 4 - \$20

* **POSTAGE AND HANDLING \$7.50 for small packages only (Larger items/quantity charged a higher postage fee).**

CREDIT CARD PAYMENTS

Type (Tick): Visa MasterCard Bankcard AMEX

PLEASE WRITE THE FOLLOWING DETAILS CLEARLY:

CARD HOLDERS NAME:

CREDIT CARD NUMBER: CCV#

EXPIRY DATE (MM/YY): /

(Last 3 digits printed on the signature panel)

TOTAL AMOUNT \$

SIGNATURE: DATE:

OR please mail this form together with a Money Order (note: we do not accept personal cheques) to:
PREVENTIVE ORTHODONTICS, PO BOX 6061, ALEXANDRIA NSW 2015, AUSTRALIA

SHIPPING DETAILS

NAME:

ADDRESS:

CITY: STATE: COUNTRY: P/Code:

PHONE: MOBILE: FAX:

EMAIL:

Phone your order to: +61 2 8338 9387 or FAX to: +61 2 8338 9418

info@preventiveorthodontics.com