oroscience
Helping Nature Heal

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admin@oroscience.com

REV: B.0110

PERIOGENX ORDER FORM

PLEASE FAX THIS ORDER TO 650-391-2208 or email to admin@oroscience.com

Date: _____

Dentist Name or Office:_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Contact Name:_____

Periogenix Kits		Number	Price per	
Item No.	Description	of Items	Item No.	**Total**
PGX-KIT-01	1 Kit		$ 150.00	**$**
PGX-PAK-01	6 Kits		$ 900.00	**$**
PGX-SHP-01	24 Kits		$ 3,600.00	**$**

Discount or Promotion Code:_____

Payment Method: __ VISA __ MC __ AmEx __ Check

Name on Credit Card:_____

Credit Card Number _____

EXP. _____ **/** _____ **4 digit security code (AmEx only):** _____

Signature: _____