**ORDER FORM**

**TELEPHONE NUMBER:** ____________________________  
**FAX NUMBER:** ____________________________

**SOLD TO:** ____________________________

______________________________
______________________________
______________________________

______________________________
______________________________

______________________________
______________________________

**Email:** ____________________________

**SHIPPING INFORMATION:**

**PRODUCT NEEDED BY:** ____________________________

**SHIPPING PRIORITY:**

2DAY ST. O/N PRIORITY O/N INT.  

**REFERRED BY:** ____________________________

**TYPE OF PRACTICE:** ____________________________

**ORDER ACCEPTED BY:** ____________________________

**PRODUCT**

<table>
<thead>
<tr>
<th>SIZE</th>
<th>QTY</th>
<th>LOT NUMBER / VIAL #</th>
<th>EXP. DATE</th>
<th>PRICE</th>
<th>EXTENSION</th>
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<tr>
<td><strong>CANCELLOUS</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>RM * CanPar 0.25 g</td>
<td></td>
<td></td>
<td></td>
<td>$37.00</td>
<td></td>
</tr>
<tr>
<td>RM * CanPar 0.5 g</td>
<td></td>
<td></td>
<td></td>
<td>$ 67.00</td>
<td></td>
</tr>
<tr>
<td>RM * CanPar 1 g</td>
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<td></td>
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<td>$118.00</td>
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<td>RM * CanPar 2 g</td>
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<td>$218.00</td>
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<tr>
<td>RM * CorPar 0.5 g</td>
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<td>$ 67.00</td>
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<tr>
<td>RM * CorPar 1 g</td>
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<td>$118.00</td>
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<tr>
<td><strong>BONE BLOCKS</strong></td>
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<tr>
<td>5x10x10 mm RM * BB</td>
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<tr>
<td><strong>50/50 COR/CANC</strong></td>
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<tr>
<td>RM * Cor/CanPar 0.5g</td>
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<td></td>
<td></td>
<td>$ 67.00</td>
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<tr>
<td>RM * Cor/CanPar 1g</td>
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<td>$118.00</td>
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</tr>
<tr>
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<tr>
<td>420-1000 microns</td>
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<tr>
<td>RM * CanPar 0.25g</td>
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<td></td>
<td>$37.00</td>
<td></td>
</tr>
<tr>
<td>RM * CanPar 0.50g</td>
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<td></td>
<td>$ 67.00</td>
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</tr>
<tr>
<td><strong>PERIO GRIND</strong></td>
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<tr>
<td>1000-1700 microns</td>
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<td></td>
<td>$ 67.00</td>
<td></td>
</tr>
<tr>
<td>RM * CanPar 1g</td>
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<td>$118.00</td>
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</tbody>
</table>

*Continue on Reverse Side*

SubTotal $ _________
MC / VISA / DIS.: ___________________________ EXP. DATE: _____ / _____ SUBTOTAL $ __________
Street Number ____________ Postal Code ________________ Qty or Mtg 5% $ __________
Auth. Tkt.# ____________ Security Code ________________ SUBTOTAL $ __________

DATE SHIPPED: _____ / _____ / ____________
INVOICE NO: ________________________________ SUBTOTAL $ __________
SHIPPED: FED EX: ☐ APO: ☐ OTHER: _______________ Shipping $ __________

SHIPPING TRACKING # __________________________

PROCESSED AND VERIFIED BY: __________________________

☐ Payment only ☐ U.S. Mail ☐ Email

TOTAL DUE $ __________

*Quantity Discount After 10 g or More Ordered* [ICB]

SPECIAL INSTRUCTIONS/NOTES:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________