



PATIENT ORDER FORM www.buypoh.com

6847 E 40TH ST TULSA OK 74145 - 800.331.4645 - OFFICE 918.622.9412

TOOTHBRUSHES VOLUME DISCOUNT FOR 36 COUNT TOOTHBRUSHES OF ONE STYLE \$2.00 EACH CLR-FM-006 REV 17 11/04/22

CODE	DESCRIPTION	PRICE	QTY
I/1	#1 3-ROW STAGGERED	\$3.00	
1/4	#4 4-ROW 43-TUFT	\$3.00	
I/5	#5 4-ROW 43-TUFT SUPERSOFT	\$3.00	
I/7	#7 3-ROW 29-TUFT	\$3.00	
I/8	#8 3-ROW JUNIOR	\$3.00	
I/8SS	#8 3-ROW JUNIOR SUPERSOFT	\$3.00	

DENTAL FLOSS

CODE	DESCRIPTION	PRICE	QTY
I/U	100 YD CLASSIC NOWAX 490 WHITE	\$8.00	
I/W	100 YD CLASSIC LITEWAX 490 WHITE	\$8.00	
I/UB420	100 YD PERCEPT NOWAX 420 BLACK	\$8.00	
I/WB420	100 YD PERCEPT LITEWAX 420 BLACK	\$8.00	
I/UB	75 YD PERCEPT NOWAX 630 BLACK	\$8.00	
I/WB	75 YD PERCEPT LITEWAX 630 BLACK	\$8.00	

DENTAL FLOSS SACHETS (15 COUNT ENVELOPE)

		PRICE	QTY
I/SN	PERCEPT 630 NOWAX SACHETS	\$1.45	
I/SL	PERCEPT 630 LITEWAX SACHETS	\$1.45	

DENTAL FLOSS REFILLS (3 SPOOLS PER PACKAGE)

		PRICE	QTY
I/NWR3	REFILLS 100 YD CLASSIC NOWAX 490 WHITE	\$15.00	
I/LWR3	REFILLS 100 YD CLASSIC LITEWAX 490 WHITE	\$15.00	
I/NBR20	REFILLS 100 YD PERCEPT NOWAX 420 BLACK	\$15.00	
I/LBR20	REFILLS 100 YD PERCEPT LITEWAX 420 BLACK	\$15.00	
I/NBR30	REFILLS 75 YD PERCEPT NOWAX 630 BLACK	\$15.00	
I/LBR30	REFILLS 75 YD PERCEPT LITEWAX 630 BLACK	\$15.00	

SHIP TO

NAME		
ADDRESS		
CITY/ST/ZIP		
PHONE		
VISA/MASTERCARD I HEREBY AUTHORIZE ORAL HEALTH PRODUCTS, INC. TO CHARGE MY		
CARD NUMBER	EXPIRATION DATE	CVV
POSTAGE AND HANDLING CHARGE = \$6.95 ALL PRICES ARE USD		