



PATIENT ORDER FORM

CLR-FM-006
09/30/21 REV 16

CODE	DESCRIPTION	PRICE	QTY
I/1	#1, 3-ROW STAGGERED	\$2.00	
I/4	#4, 4-ROW 43-TUFT	\$2.00	
I/5	#5, 4-ROW 43-TUFT SUPERSOFT™	\$2.00	
I/7	#7, 3-ROW 29-TUFT	\$2.00	
I/8	#8, 3-ROW JUNIOR	\$2.00	
I/8SS	#8, 3-ROW JUNIOR SUPERSOFT™	\$2.00	

TOOTHBRUSHES OPAQUE INDIVIDUALLY BOXED

**Volume Discount
Opaque Only
36 Count Toothbrushes
of One Style
\$1.25each**

CODE	DESCRIPTION	PRICE	QTY
I/2	#2, 2-ROW ORTHO	\$2.50	
I/3	#3, 3-ROW REGULAR	\$2.50	
I/6	#6, 2-ROW SULCUS	\$2.50	
I/6SS	#6, 2-ROW SULCUS SUPERSOFT™	\$2.50	

SPECIALTY TOOTHBRUSHES TRANSLUCENT

CODE	DESCRIPTION	PRICE	QTY
I/U	100 YD. CLASSIC NOWAX 490 WHITE	\$6.00	
I/W	100 YD. CLASSIC LITEWAX 490 WHITE	\$6.00	
I/UB420	100 YD. PERCEPT® NOWAX 420 BLACK	\$6.00	
I/WB420	100 YD. PERCEPT® LITEWAX 420 BLACK	\$6.00	
I/UB	75 YD. PERCEPT® NOWAX 630 BLACK	\$6.00	
I/WB	75 YD. PERCEPT® LITEWAX 630 BLACK	\$6.00	

DENTAL FLOSS PER SPOOL

CODE	DESCRIPTION	PRICE	QTY
I/NWR3	REFILLS OF 100 YD. CLASSIC NOWAX 490 WHITE	\$10.00	
I/LWR3	REFILLS OF 100 YD. CLASSIC LITEWAX 490 WHITE	\$10.00	
I/NBR20	REFILLS OF 100 YD. PERCEPT® NOWAX 420 BLACK	\$10.00	
I/LBR20	REFILLS OF 100 YD. PERCEPT® LITEWAX 420 BLACK	\$10.00	
I/NBR30	REFILLS OF 75 YD. PERCEPT® NOWAX 630 BLACK	\$10.00	
I/LBR30	REFILLS OF 75 YD. PERCEPT® LITEWAX 630 BLACK	\$10.00	

FLOSS REFILLS INCLUDES 3 SPOOLS PER PACKAGE

CODE	DESCRIPTION	PRICE	QTY
I/OHK	(2) TB's #7, (1) CLASSIC NOWAX 490 WHITE, (1) PERCEPT® LITEWAX 630 BLACK, (10) PLAQUE DISCLOSING WAFERS	\$18.50	

ORAL HEALTH KIT

CODE	DESCRIPTION	PRICE	QTY
I/DW	40 TABLETS PER BOX	\$9.00	

PLAQUE DISCLOSING WAFERS

SHIP TO:

NAME _____

ADDRESS _____

CITY/ ST/ ZIP _____

PHONE _____

VISA / MASTERCARD I hereby authorize Oral Health Products, Inc. to charge my

CARD NO. _____ EXP DATE _____

SIGNATURE _____ ACCT. NO. _____

PAYMENT MADE BY CHECK OR VISA/ MASTERCARD
POSTAGE AND HANDLING CHARGE = \$6.95 PER ORDER
MAKE CHECK PAYABLE TO POH.
OKLAHOMA ORDERS ADD 8.5% SALES TAX
ALL PRICES USD