

**The Dental Box®
Supply Reorder Form
PO Box 101430**

Pittsburgh, PA 15237
Phone/Fax: 412.364.8712
Email: dentalbox@aol.com

*****Pricing provided upon order.**

Item#	Description	Price	Quantity	Total
DB-1	Laminated Instruction Cards	per set		
DB-2	Topical Anesthetic Gel	each		
DB-3	Dycal® CAOHP Paste	per kit		
DB-4	Temrex® Cement Powder	each		
DB-5	Temrex® Cement Liquid	each		
DB-6	COE-PAK™ Periodontal Paste	per kit		
DB-7	Bupivacaine HCL 0.5% / box of 50	per box		
DB-8	EMT-Toothsaver™ Tooth Preserving System	per kit		
DB-9	ORA-5® Topical Bactericidal 1 oz.	each		
DB-10	Sultan Dry Socket Paste 1 oz.	each		
DB-11	Dental Mirror, plastic, autoclavable	each		
DB-12	Poly Mixing Pads 3x3-100 sheets	each		
DB-13	Cement Spatula #24	each		
DB-14	Ultra Safety Plus XL Syringes, 100/box	per box		
DB-15	Ultra Safety Plus Plunger	each		
DB-16	Plastic Filling Instrument #7 wax sp.	each		
DB-17	Cotton Rolls-6 bundles/50 rolls/ea.	per 6 rolls		
DB-21	HemCon Dental Dressing (2)**	per 2		
DB-22	Pictorial Inventory Lid Insert, Laminated	each		

**1st purchase comes with laminated reference card for set.

Subtotal: _____

***min. 6.00 shipping charge
Shipping fees capped at 20.00**

S & H (\$4 per 25)*: _____

TOTAL: _____

Contact Name: _____ Phone/Fax# _____

Ship To: _____ **Bill To:** _____

Company Name: _____

Street Address: _____

City/State/Zip: _____

Payment: **Purchase Order #** _____

Check # _____ **Money Order #** _____

Credit Card: (Circle) VISA / MC _____

-phone number to call for credit card info: _____

*Orders are processed within 5 business days of order confirmation. Payment terms are net 30 days.
Orders are accepted via FAX, email or postal*