

DentaSOAK[®] Mail-in Order Form

Complete and mail the order form below:

Please send me:	Price	S&H*	Total Cost
Starter Kit (with cup)			
<input type="checkbox"/> 3 Month Starter Kit	\$16.00	\$11.00	\$27.00
<input type="checkbox"/> 6 Month Starter Kit	\$29.00	\$11.50	\$40.50
<input type="checkbox"/> 1 Year Starter Kit	\$49.00	\$12.00	\$61.00

Refill Kit (no cup)			
<input type="checkbox"/> 3 Month Refill Kit	\$15.00	\$11.00	\$26.00
<input type="checkbox"/> 6 Month Refill Kit	\$27.00	\$11.50	\$38.50
<input type="checkbox"/> 1 Year Refill Kit	\$45.00	\$12.00	\$57.00

Total Cost (from above) _____

NYS residents add 8.75% sales tax _____

Indiana residents add 7% sales tax _____

TOTAL \$ _____

*Additional shipping charges will apply for orders shipping to AK and HI. Contact Customer Service at 800.828.7626 to place your order. [DentaSOAK is not available in Canada.](#)

Mastercard Visa American Express

Card # _____ Exp. Date ____/____/____

Signature _____

Make check or money order payable to: **Great Lakes Orthodontics, Ltd.**

Note: We cannot ship to P.O. Boxes

Name _____

Address _____

City _____ State _____ Zip _____ Apt# _____

Phone # (Important) (____) _____

Dentist _____

Mail to: Great Lakes Orthodontics, Ltd.
200 Cooper Avenue, P.O. Box 5111, Tonawanda, NY 14151-5111

1.800.828.7626 (U.S. & Canada) **716.871.1161** (Worldwide) Fax: **716.871.0550**
Website: www.dentasoak.com E-mail: info@dentasoak.com