

# DentaSOAK™ Mail-in Order Form

Complete and mail the order form below:

Please send me:	<b>Price</b>	<b>S&amp;H*</b>	<b>Total Cost</b>
<b>Starter Kit (with cup)</b>			
<input type="checkbox"/> 3 Month Starter Kit	\$16.00	\$8.00	\$24.00
<input type="checkbox"/> 6 Month Starter Kit	\$29.00	\$9.50	\$38.50
<input type="checkbox"/> 1 Year Starter Kit	\$49.00	\$11.00	\$60.00
<b>Refill Kit (no cup)</b>			
<input type="checkbox"/> 3 Month Refill Kit	\$15.00	\$8.00	\$23.00
<input type="checkbox"/> 6 Month Refill Kit	\$27.00	\$9.50	\$36.50
<input type="checkbox"/> 1 Year Refill Kit	\$45.00	\$11.00	\$56.00

Total Cost (from above) \_\_\_\_\_

NYS residents add 8.75% sales tax \_\_\_\_\_

Texas residents add 8% sales tax \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

\*Additional shipping charges will apply for orders shipping to AK, HI, and Canada. Contact Customer Service at 800.828.7626 to place your order.

Mastercard       Visa       American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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

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](http://www.dentasoak.com)      E-mail: [info@dentasoak.com](mailto:info@dentasoak.com)