orthoshop® **Order Form** orthoshop®

Description	Size	Colour	Price	Qty	Total
Fixed Brace Service Pack	-	-	£6.03		
Deluxe Fixed Brace Homecare Pack	-	-	£13.04		
Orthodontic Retainer Homecare Pack	-	-	£15.01		
Clear Aligner Homecare Pack	-	-	£17.01		
Retainer Brite 1 months supply (1 box)	-	-	£5.07		
Retainer Brite 6 months supply (6 boxes)	-	-	£26.17		
Retainer Brite 12 months supply (12 boxes) *	-	-	£48.59		
* Free ultrasonic cleaner with 12 months supply	-	-	Free	1	£0.00
Sonic Appliance Cleaner	-	-	£10.02		
Swirl® Daily Fluoride Mouthrinse	-	-	£4.01		
Inter-brace Brush	-	-	£2.36		
Inter-brace Brush refills	-	-	£2.27		
Fresh'n'Go Toothbrush Mint	-	-	£2.20		
Orthodontic Travel Brush	-		£1.51		
Orthodontic Travel Brush Pack 3*	-		£3.00		
Ortho ReadyBrush	-	-	£1.00		
Orthospace Tufted Brush	-		£1.51		
Orthospace Tufted Brush Pack of 3*	-		£3.00		
V2 Orthodontic Dual Head Toothbrush	-		£1.51		
V2 Orthodontic Dual Head Toothbrush Pack 3*	-		£3.00		
Space Invaders®			£2.01		
Sturdy Floss	-	-	£2.96		
Brace Case			£1.51		
Totalgard Sportsguard (inc free large brace case)			£6.00		
Orthodontic Mouthguard		-	£5.02		
BraceEze®	-	-	£4.51		
Brace Gard™ relief wax	-	-	£1.51		
Comfi-Guard (inc free small brace case)	-		£6.03		
Morgan Lip Bumper	-		£3.37		
Traditional Relief Wax	-	-	£0.99		
StressGard Night Guard	-	-	£10.03		
Appliance Removal Tool	-	-	£1.51		
Ortho-Care Protect Hand Sanitiser	100ml	-	£1.99		
Ortho-Care Protect Hand Sanitiser	500ml	-	£5.01		
Remin+	-	-	£6.66		
Pocket Mirror	-	-	£0.99		
Medium Zip Bag	M	-	£1.20		
Large Zip Bag	L	-	£1.51		
Cheek Retractor	-	-	£9.98		
3-minute Timers	-	-	£0.97		

POSTAGE, PACKING + INSURANCE FREE IF ORDER MORE THAN £30.00* **P&P £3.95***
(*Applies to UK residents only)
Important: Please Quote Customer ID Number:

TOTAL £ _____

PAYMENT DETAILS

Please Print Name:_____

Address:_____

_____

☐ I enclose a cheque/postal order for £_____ made payable to Ortho-Care (UK) Ltd
OR
☐ Please debit my credit card (tick as appropriate): Switch/Solo Issue No:__ __ Expiry Date: __ _ ____

☐ VISA ☐ MASTERCARD ☐ SWITCH / MAESTRO / SOLO

Switch/Card No

Card Security Code
(The number on the back of the card)

Signature of Card Holder: _____ Daytime Tel _____

Please mail or fax (01274 734446) this form back to us with your Payment to the following address: Ortho-Care (UK) Ltd, 5 Oxford Place, Bradford, West Yorkshire, BD3 0EF. Cheques should be made payable to Ortho-Care (UK) Ltd.