orthoshop®

Order Form

orthoshop®

Description	Size	Colour	Price	Qty	Total
Fixed Brace Service Pack	-	-	£7.50		
Deluxe Fixed Brace Homecare Pack	-	-	£14.95		
Orthodontic Retainer Homecare Pack	-	-	£15.35		
Clear Aligner Homecare Pack	-	-	£17.40		
Retainer Brite 1 months supply (1 box)	-	-	£5.20		
Retainer Brite 6 months supply (6 boxes)	-	-	£26.70		
Retainer Brite 12 months supply (12 boxes) *	-	-	£49.60		
* Free ultrasonic cleaner with 12 months supply	-	-	Free	1	£0.00
Sonic Appliance Cleaner	-	-	£10.25		
Swirl® Daily Fluoride Mouthrinse	-	-	£4.10		
Inter-brace Brush	-	-	£2.45		
Inter-brace Brush refills	-	-	£2.35		
Fresh'n'Go Toothbrush Mint	-	-	£2.99		
Orthodontic Travel Brush	-		£1.65		
Orthodontic Travel Brush Pack 3*	-		£3.95		
Ortho ReadyBrush	-	-	£1.05		
Orthospace Tufted Brush	-		£1.65		
Orthospace Tufted Brush Pack of 3*	-		£3.95		
V2 Orthodontic Dual Head Toothbrush	-		£1.65		
V2 Orthodontic Dual Head Toothbrush Pack 3*-			£3.95		
Space Invaders®			£2.05		
Sturdy Floss	-	-	£3.54		
Brace Case			£1.55		
OproShield Orthodontic Mouthguard	-		£17.87		
Totalgard Sportsguard (inc free large brace case)			£6.15		
Orthodontic Mouthguard		-	£5.15		
BraceEze®	-	-	£4.60		
Brace Gard™ relief wax	-	-	£1.55		
ComfortBrace™ Orthodontic Protective Strips	-	-	£19.50		
Comfi-Guard (inc free small brace case)	-		£6.20		
Morgan Lip Bumper	-		£3.45		
Traditional Relief Wax	-	-	£1.05		
StressGard Night Guard	-	-	£10.25		
Appliance Removal Tool	-	-	£1.55		
Ortho-Care Protect Hand Sanitiser	100ml	-	£2.05		
Ortho-Care Protect Hand Sanitiser	500ml	-	£5.15		
Pocket Mirror	-	-	£1.00		
Medium Zip Bag	M	-	£1.25		
Large Zip Bag	L	-	£1.55		
Cheek Retractor	-	-	£10.20		
3-minute Timers	-	-	£1.00		

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.