ORDER FORM (as of 1/2012)

Dr:_____
Address:_____
City:_____ St: _____ Zip: _____
Contact Person:_____
Phone #:_____
Fax #:_____
E-Mail Address:_____

TAKE a tip from us…

MO YALE DENTAL
5 East Main Street
Clinton CT 06413
1-800-246-YALE
www.moyaledental.com
moyaledentalinc@yahoo.com

Have instruments been sterilized? Y or N

Qty	Same Tip as # on Handle	S/E ($4.30)	D/E ($8.50)	If want Tip changed, change to a:	Cost

Sub Total _____

If an instrument is not re-tippable, we will send a new stainless steel one for only $17.49!

Plus Shipping and Handling _____
(s&h: 0-60 instr. $10.75; 61-80 $12.75; 81-100 $14.75; >100 call for quote)

Total Due:

WHO ARE YOU REFERRING?

Referred DDS Name:_____

Phone #:_____Address:_____
Street City State Zip

Please make checks payable to " MO Yale Dental".

We also accept Visa, MC and Amex. CC#:_____Exp Date:_____

ULTRASONIC INSERT ORDER FORM INSERT REPAIR (please specify 25k or 30k)

Tip required:

_____P-100 (perio)
_____BITS (implant scaler)
_____IF-100 (plastic grip/perio)
_____P/J (nozzle)
_____P-100R (right perio)
_____P-100L (left perio)
_____IF-50 (plastic grip/standard)
_____TIS (titanium implant scaler)
_____P-50 (standard)
_____IF-5 (beaver tail)
_____C/J (nozzle)
_____TIS (tips)

TOTAL # of INSERTS:_____

New Insert: Specify quantity and tips required_____