

FAX your order to ChairsideSplintStore.com

Print this page, indicate the number of each product desired (all device orders come with patient's glow-in-the-dark device boxes and an abundant supply of thermoplastic beads). You will still need to provide Credit/Debit/AMEX information, as we do not invoice accounts.

- _____ Lower "Incisal Guidance" devices (11 count)
- _____ Upper Reduced Vertical devices (11 count)
- _____ Standard original devices (11 count)
- _____ Comprehensive kit (5 Lower, 5 Upper, 2 Auxiliary sliders)
- _____ Standard WIDE devices (11 count)
- _____ Lower WIDE devices (11 count)
- _____ Mini Kit: 2 Upper, 2 Lower, 2 Auxiliary sliders
- _____ Auxiliary slider (Daytime) devices (11 count)
- _____ Winged Deprogrammer devices (20 count)
- _____ Glow-in-the-Dark boxes (18 count) (for NTI customers only)
- _____ ThermoPlasticBeads, 4oz bag. (for NTI customers only)
- _____ Brochures: Jaw/Headache, bundle of 50
- _____ Brochures: Migraine prevention, bundle of 50
- _____ SnoreHook Splint: 5 sets of components
- _____ BruxSplint: 5 Flat Planes
- _____ BruxSplint: 3 sets of Max/Mand opposing trays

BILLING:

Card #: _____

Street _____

City: _____ State: _____ ZIP: _____

EXP DATE: _____ # on back: _____

SHIPPING: SAME AS BILLING? (circle one: YES NO)

Name: _____

Street: _____

City: _____ State: _____ ZIP _____

EMAIL: _____

PHONE: _____

Complete all fields and FAX to **772-365-7782**