

TRU-LINE BLEACHING TRAYS

TRAYS AND BLEACH ONLY \$99 plus GST*



Streamline your whitening business and forget the hassles of ordering stock with new Tru-Line Trays™

*For \$99+GST (total price \$108.90) per case, you receive:

Custom thermoformed upper and lower whitening trays

AND YOUR CHOICE OF

1 x Genuine Discus Dental NiteWhite 6-syringe Standard Kit in 10%, 16% or 22% Carbamide Peroxide

OR

1 x Genuine Discus Dental DayWhite 6-syringe Standard Kit in 7.5% or 9.5% Hydrogen Peroxide

PLUS

Discus Dental tray case and Delivery to you via Express Post

For more details or to download additional order forms, please go to www.trulinedental.com.au
TEL: (02) 9313 7971

TRU-LINE™
D E N T A L
info@trulinedental.com.au

Terms & Conditions

1. No pickups: Please send your stone models to Tru-Line Dental Pty Ltd, Suite 1, Level 1, 117 Anzac Parade, Kensington NSW 2033 at your cost. Impressions will incur a pour up fee of \$25. 2. Please complete your credit card details with the order or enclose a cheque. All orders must be prepaid. 3. Orders will be processed and dispatched within 48 hours. 4. To avoid model breakages, all models must be securely wrapped with bubblewrap.

ORDER FORM - PLEASE COMPLETE DETAILS BELOW FOR UP TO 5 CASES

Dentist name:.....
Practice name:.....
Delivery address:.....
.....
.....
Suburb:State:.....Postcode:.....
Telephone: (.....).....

Patient surname or unique identifier*:

Case 1:@ \$99 + GST = \$109.80
Case 2:@ \$99 + GST = \$109.80
Case 3:@ \$99 + GST = \$109.80
Case 4:@ \$99 + GST = \$109.80
Case 5:@ \$99 + GST = \$109.80
TOTAL:.....\$

Please select a kit for each:	Case 1	Case 2	Case 3	Case 4	Case 5
NiteWhite 10% Carbamide					
NiteWhite 16% Carbamide**					
NiteWhite 22% Carbamide					
DayWhite 7.5% Hydrogen					
DayWhite 9.5% Hydrogen**					

** Most popular choices

Prepayment is required for all orders:

AMERICAN EXPRESS MasterCard VISA OR Cheque for \$_____*

Credit Card number: (* Please make cheques payable to Tru-Line Dental Pty Ltd • ABN 85 131 889 202)

Cardholder name: _____ Expiry: ____/____/____

Signature: _____ Today's date: _____

* Please label all models sent as above. Each returned case will be labelled with the same information specified above.

NO PICKUPS: Please send models to Tru-Line Dental, Suite 1, Level 1, 117 Anzac Parade, Kensington NSW 2033