

MADULTRASONICS

INSERT ORDER FORM

151 Winchester Drive

Yonkers, NY 10710

E-mail: madultrasonics@yahoo.com

Website: madultrasonics.com

914-844-6313 Fax: 914-346-5278

INSERT PRICE LIST & ORDER FORM

Please complete and include with your insert order or fax to 914-346-5278

INSERT TYPE	REBUILD	QTY 25kHz	QTY 30kHz	NEW	QTY 25kHz	QTY 30kHz
P-100 Thin universal	\$85.00			\$110.00		
P-100 Left tip	\$85.00			\$110.00		
P-100 Right tip	\$85.00			\$110.00		
P-50 Standard universal	\$85.00			\$110.00		
P-5 Beavertail	\$85.00			\$110.00		
P-1000 Triple Bend	\$85.00			\$110.00		
ITS IMPLANT SCALER	\$110.00			\$145.00		
ITS Disposable Blue Tips				\$3.50		
Prophy Jet ® Nozzle (short)	\$90.00			\$130.00		
Cavi Jet ® Nozzle (long)	\$105.00			\$145.00		
P-100XS Ultra thin tip**				\$145.00		

****P-100XS manual units/verbal guidelines&handling instruct :NO WARRANTY AGAINST BREAKAGE**

RECYCLING Plastic & Metal Inserts-\$10 trade-in credit per insert from new pricing

* Rebuilding of an insert-pricing requires an insert sent with order

* Prophy-Jet® and Cavitron® Jet nozzles to be rebuilt must be sent with the order

* USPS priority mail shipping and insurance to be calculated

* International postage subject to calculation

Customer Name: _____ contact: _____

(Please include business card with order form)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact preference: (please circle one) Phone Fax E-mail

METHOD OF PAYMENT: Mastercard Visa Discover Check

Credit Card# _____ expiration: ___/___ CVC# _____

ρ Check if billing address is the same as shipping address & sign below

BILLING INFO: Name on card: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Authorized signature: _____

Please print 2 copies: one for office to retain