



10 Old Jackson Ave. #2 Hastings, NY 10706
 Email: orders@madultrasonics.com
 Website: www.madultrasonics.com
 Tel: 914-844-6313 Fax: 914-652-7377

INSERT PRICE LIST & ORDER FORM

Please complete and include with your insert order or fax to 914-652-7377

INSERT TYPE	REBUILD	QTY 25kHz	QTY 30kHz	NEW	QTY 25kHz	QTY 30 kHz
P-100 Thin Universal	\$90.00			\$125.00		
P-100 Left tip	\$95.00			\$130.00		
P-100 Right tip	\$95.00			\$130.00		
P-100XS Ultra thin tip**				\$145.00		
P-100 BT/BALL TIP				\$145.00		
P-100 BTR RIGHT				\$145.00		
P-100 BTL LEFT				\$145.00		
P-50 Standard Universal	\$90.00			\$125.00		
P-5 Beavertail	\$95.00			\$130.00		
P-1000 Triple Bend	\$95.00			\$125.00		
P-1000XS Triple Bend	\$95.00			\$125.00		
ITS IMPLANT SCALER	\$100.00			\$145.00		
ITS Disposable Blue Tips				\$3.50		
Prophy Jet ® Nozzle (short)	\$105.00			\$150.00		
Cavi Jet ® Nozzle (long)	\$120.00			\$185.00		
INSTRUMENT GRIPS™				\$5.00	color:	

**P-100XS manual units/verbal guide lines&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: _____
Contact preference: (check one)

Phone: _____ Fax: _____ E-mail: _____

Method of Payment (check one) Mastercard Visa Discover AMEX Check

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

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

BILLING INFO

Name on card: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Authorized signature: _____

Please print 2 copies: one for office to retain