



**PATIENT INFORMATION BROCHURES  
ORDER FORM  
FOR ALD MEMBERS ONLY**

PLEASE PRINT CLEARLY!!!

**FAX THIS ORDER FORM TO: 954-757-2598**

ALD MEMBER ID # \_\_\_\_\_ NAME \_\_\_\_\_

SHIP TO ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**PAYMENT BY:**

CHECK ♦ CHECK NUMBER: \_\_\_\_\_ (MAKE CHECKS PAYABLE TO ACADEMY OF LASER DENTISTRY)

CREDIT CARD     VISA     MC     AMEX

CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

**BROCHURES COME IN A PACK OF 50**



**1-5 PACKS      \$26.00 each**  
**6-9 PACKS      \$23.00 each**  
**10+ PACKS      \$21.00 each**

<b>3 DIFFERENT TYPES OF BROCHURES AVAILABLE:</b>	<b># OF PACKS</b>	<b>PRICE</b>
<input type="radio"/> <b>PERIODONTAL THERAPY</b>	_____	_____
<input type="radio"/> <b>REMOVAL OF TOOTH DECAY</b>	_____	_____
<input type="radio"/> <b>TOMORROW'S DENTISTRY TODAY</b>	_____	_____

**\*Shipping and Handling Charges**

<b>1-5 Packs</b>	<b>\$15.00</b>
<b>6-9 Packs</b>	<b>\$18.00</b>
<b>10+ Packs</b>	<b>\$ 21.00</b>

*Please Note: International orders will have higher shipping rates added.*

<b>SUB TOTAL</b>	_____
10% off till 12/31/18	- (_____)
<b>TOTAL</b>	_____
<b>*SHIPPING</b>	_____
<b>TOTAL</b>	_____



**MAIL THIS FORM AND PAYMENT TO:**  
**ALD ♦ PO BOX 8667 ♦ CORAL SPRINGS FLORIDA 33075 ♦ USA**  
[support@laserdentistry.org](mailto:support@laserdentistry.org) [www.laserdentistry.org](http://www.laserdentistry.org)  
**ALD OFFICE 954-346-3776**