Colgate Oral Care

Order Form

Colgate Dental Education Programs

TAX INVOICE
This document becomes a tax invoice/receipt for GST purposes upon payment.

THE UNIVERSITY OF ADELAIDE AUSTRALIA

ABN No. 61 249 878 937

POST/FAX YOUR ORDER TO:

Dental Practice Education Research Unit
ARCPOH, School of Dentistry
The University of Adelaide South Australia 5005
Fax No: (08) 8303 4858

Goods will be shipped only when order is accompanied by payment of cheque, money order or credit card details. Please allow 14 working days for delivery.

Ordering Details within Australia			**COST PER BUNDLE ($)**	**QUANTITY (BUNDLES OF 50)**	**TOTAL COST ($)**
Caries Control Pamphlets			10% GST included		
1. Decay isn't what it used to be!			**22.00**		
2. Controlling dental decay in your own mouth			**22.00**		
3. Fluoride and you			**22.00**		
4. Whose teeth are at risk?			**22.00**		
5. Dental sealants			**22.00**		
6. Beating rampant decay			**22.00**		
7. Root decay			**22.00**		
7a. What's behind your changing dental problems?			**22.00**		
8. Young adults and dental decay			**22.00**		
9. Early childhood decay			**22.00**		
Patient Periodontal Information and Oral Hygiene Pamphlets					
1. What is periodontal disease….?			**22.00**		
2. How is periodontal disease diagnosed?			**22.00**		
3. What does periodontal treatment involve?			**22.00**		
4. Periodontal treatment – keeping your teeth for life			**22.00**		
5. Effective toothbrushing			**22.00**		
6. Cleaning between your teeth			**22.00**		
Special Topics					
1. Smoking and your mouth			**22.00**		
2. Erosion – what's eating your teeth?			**22.00**		
3. Dental care for people with diabetes – extra care is needed			**22.00**		
Fluoride Update Information Sheets	**A4**	**DL 3-fold-**			
1. Water fluoridation – still the answer			**22.00**		
2. Home use of fluoride			**22.00**		
Pamphlets Sample Set (1 of each above) ***(Includes Postage)***			**15.00**		
			SUB-TOTAL	bundles	**$**
				Handling	**$ 13.00**
				POSTAGE $2 per bundle	**$**
				TOTAL AMOUNT PAYABLE (including GST)	**$**

Date: .....

Name and Address Details

Name:
Address:
State: Postcode:
Telephone: Fax:
E-mail:

Payment Details

(please tick method of payment)

☐ Cheque payable to *Dental Practice Education Research Unit* ☐ Money order

☐ Bankcard ☐ MasterCard ☐ Visa

Card Number

Expiry Date: Name on card: .....

Amount : $ Signature: .....

Office use

Date issued: .....
Authorised by: .....
Number: .....
Total Price inc. GST
GST