Colgate Oral Care

TAX INVOICE

THE UNIVERSITY OF ADELAIDE AUSTRALIA

International Order Form

Colgate Dental Education Programs

ABN No. 61 249 878 937

POST/FAX YOUR ORDER TO:

Dental Practice Education Research Unit
ARCPOH, School of Dentistry
The University of Adelaide SA 5005
AUSTRALIA Fax No: +61 8 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	COST PER BUNDLE (A$)	QUANTITY (BUNDLES OF 50)	TOTAL COST (A$)
Caries Control Pamphlets			
1. Decay isn't what it used to be!	**25.00**		
2. Controlling dental decay in your own mouth	**25.00**		
3. Fluoride and you	**25.00**		
4. Whose teeth are at risk?	**25.00**		
5. Dental sealants	**25.00**		
6. Beating rampant decay	**25.00**		
7. Root decay	**25.00**		
7a. What's behind your changing dental problems?	**25.00**		
8. Young adults and dental decay	**25.00**		
9. Early childhood decay	**25.00**		
Patient Periodontal Information Leaflets			
1. What is periodontal disease….?	**25.00**		
2. How is periodontal disease diagnosed?	**25.00**		
3. What does periodontal treatment involve?	**25.00**		
4. Periodontal treatment – keeping your teeth for life	**25.00**		
Special Topics			
1. Smoking and your mouth	**25.00**		
2. Erosion – what's eating your teeth?	**25.00**		
3. Dental care for people with diabetes – extra care is needed	**25.00**		
Oral Hygiene Pamphlets			
4. Effective toothbrushing	**25.00**		
5. Cleaning between your teeth	**25.00**		
Fluoride Information Sheets – contact us for details	**A4 / 3-fold**		
Pamphlets Sample Set (1 of each above) ***(Includes Postage)***	**15.00**		

View pamphlets at ***//www.arcpoh.adelaide.edu.au/dperu/***

	SUB-TOTAL	bundles	**A$**
	BASIC Handling / Postage		**A$ 20.00**
	Additional POSTAGE $5 per bundle		**A$**
	TOTAL AMOUNT PAYABLE Australian $		**A$**

Date: ----------

Name and Address Details

Name:
Address:

Country: 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: $Aust. Signature: ----------

Office use

Date issued: ----------

Authorised by: ----------

Number: ----------

Total Price Aust. $