



Date

Name (please print)
 Shipping Address
 City / Province
 Postal Code

Billing Address (if different from shipping)
 City / Province
 Postal Code

Contact Name
 Contact Phone Number

Item	Quantity	Unit Price	Total Amount
Medical Emergencies in the Dental Office CD ROM		\$125.00	
Total			
GST			
PST			
Total			

Signature of Dentist

**Please fax this order form to:
 416-862-8875**

We will call to confirm the order and arrange payment.