



**Prophy Aid™**  
by Bubble Gum Smiles

**1-888-HYG-AID8**

prophyaid@bubblegumsmiles.com

*Revolutionizing the way you p*

## Order Now!



Call **1-888-HYG-AID8 (494-2438)**

– OR –

FAX this Form to **949-760-0012**

**NAME:** First  Middle  Last   
**BUSINESS:** Name  Your Title   
 Address   
 City   
 State  Zip Code + 4   
**Telephone** (AC + Number):  **Fax** (AC + Number):   
**Email:**

(orders **will not** be processed without email confirmation)

**Is Your Billing Address Different?**  If you "checked" this box, please complete the following:

**BILLING:** Address   
 City  State  Zip Code + 4   
**Telephone** (AC + Number):

**Your personal information is secure and will not be shared with any outside parties.**

**Credit Card Number**  (No dashes are necessary.)  
**Credit Card Type**  (We accept MC, VISA, AMEX or DISC.)  
**Exp. Date:** Month  / Year  **Security # (cvv)**

Find the 3-digit code on the BACK of your VISA or MasterCard, or 4-digit code on the FRONT of American Express.

### Calculate Your Need

RDH Working	Days/Week	Pts./Week	Pts./Month
1	3	24	96
1	4	32	128
2	3	48	192

### Calculate Your Cost - Shipping Costs will be Added to Invoice Total

Cost/Unit	Quantity	Price	Save	Select
\$1.75	30	\$52.50		<input type="checkbox"/>
\$1.75	40	\$70.00	\$0	<input type="checkbox"/>
\$1.50	60	\$90.00	\$15.00	<input type="checkbox"/>
\$1.25	80	\$99.20	\$40.80	<input type="checkbox"/>

***To Print the Order Form for faxing, click here!***

***Finally, someone is looking out for your needs and your patients too!***

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