

INSTITUT CLINIDENT ORDER FORM 2017-2018

Name/Nom :

ADRESSE :

ZIP Code : City :

Tel : Fax :

Email:

Product	Unit Price	Quantity	Remark
PERIO-ANALYSE BASIC	55		
PERIO-ANALYSE PREMIUM	78		
PERIO-ANALYSE PLATINIUM	88		
PERIO-ANALYSE SCREENING	132		
PERIO-ANALYSE MAINTENANCE KIT	225		
CARIO-ANALYSE	30		
CARIO-ANALYSE KINETIC	58		
CARIO-ANALYSE KINETIC MAINTENANCE KIT	155		
CARIO-ANALYSE KINETIC ORTHO MAINTENANCE KIT	155		
ONCORAL SALIVA SAMPLING KIT	15		
ONCORAL HPV ANALYSE	120		
ONCORAL VOC ANALYSE	265		
UNIT-ORAL WATER SAMPLING KIT	15		
UNIT-ORAL WATER ANALYSE	88		
ENDO-BANKING 1 YEAR STORAGE	24		
ENDO-BANKING 1 YEAR STORAGE	46		
CLINIDENTSTEMCELL BIOBANKING	2480		

DATE :

SIGNATURE :

PAYMENT AT DATE OF INVOICE/VIREMENT OR WEBSITE PAYEMENT/PAYPALL

Full this order form and send by mail, fax or email :

INSTITUT CLINIDENT

Domaine du Petit Arbois – Bât Laennec

Avenue Louis Philibert

CS 80465

13592 Aix-En-Provence cedex 3

France Tél : +33 4 42 59 14 94 courriel : info@institut-clinident.com

