

Let's take testing off your list of worries.

Quarterly Testing Subscription Plan



How it works:

- Sign up for a customized plan and send it to us.
- We handle all the order processing & handling.
- You receive your customized test kit!

Benefits:

- Order Once and Leave the Rest to Us!
- Improved Compliance with Regular Testing
- Free Consultations & Support
- Treatment & Testing Email Reminders
- Risk-Free; Cancel at Any Time
- Test Kits Delivered to You Every 90 Days

Plan pricing:



QuickPass® In-Office Water Test

Box of 4
Test Paddles

\$89.95

Box of 8
Test Paddles

\$154.95

Box of 12
Test Paddles

\$194.95

Box of 24
Test Paddles

\$364.95



Flo™ Mail-In Water Test

4-Vial
Water Test Kit

\$144.95

6-Vial
Water Test Kit

\$184.95

8-Vial
Water Test Kit

\$224.95

12-Vial
Water Test Kit

\$304.95

16-Vial
Water Test Kit

\$384.95

Return Shipping Label Included



R2A Mail-In Water Test

4-Vial
Water Test Kit

\$144.95

6-Vial
Water Test Kit

\$174.95

8-Vial
Water Test Kit

\$219.95

12-Vial
Water Test Kit

\$299.95

16-Vial
Water Test Kit

\$379.95

Return Shipping Label Included

- > All prices billed quarterly through your dental supply company.
- > Prices listed are MSRP. Dental supply company prices may vary slightly.
- > Can customize test kit sizes from 1-16 vials.

Start your subscription plan today!

Just turn this page over and begin filling out your customized testing subscription plan. Who knew testing could be so easy!



Your Customized Subscription Plan!



Let's Get Started!

Practice Information:

Practice Name: _____	Contact Person: _____
Practice Address: _____	Contact Title/Position: _____
City, State & Zip: _____	Contact Email: _____
Practice Phone Number: _____	

Choose 1 of the Options Below:

QuickPass® In-Office Test

QuickPass Count: Box of 4 Box of 8 Box of 12 Box of 24

Flo™ Mail-In Test Kits

Vial Count: 4-Vial 6-Vial 8-Vial 12-Vial 16-Vial Custom Size (From 1-16 Vials): _____

R2A Mail-In Test Kits

Vial Count: 4-Vial 6-Vial 8-Vial 12-Vial 16-Vial Custom Size (From 1-16 Vials): _____

One More Thing!

Dental Supply Co.: _____	
Supply Co. Account #: _____	Supply Co. Rep: _____

> Used only to process order with dental supply company. All testing subscription billing/delivery completed by dental supply company.

Send It In!



Scan & E-mail this form to
Orders@ProEdgeDental.com

OR Fax this form to 303.962.8841

Questions?
888.843.3343
support@proedgedental.com