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3405 SE Crossroads, Drive Suite Q Grimes, Iowa 50111

QUICK ORDER FORM

Doctor's Name:	
Shipping Address:	
City / State / Zip:	
Phone #:	
Email:	
State License #	
DEA #*:	

*Include state license number only if ordering needles or anesthetics.

Quantity	Product	SKU#	Price Per Unit	Total Cost
Returning Customer? Use my existing card on file Credit Card: Wisa Mastercard American Express Credit Card Number:		Sub-Total: Shipping*: Sales Tax**:		
Expiration		Total Due		
3-Digit CV	V #:	*Actual shi	nning cost will he add	ed to orders less that

FREE SHIPPING ON ORDERS OVER \$100

No handling charges for orders over \$100.

**Please add the applicable sales tax only if ordering from the state of Iowa (6%).