

NZDA MERCHANDISE ORDER FORM

PAYMENT WITH ORDER PLEASE



NEW ZEALAND
DENTAL ASSOCIATION

The following items are available for purchase by NZDA members.

Please complete the form, and send to NZDA, PO Box 28084, Auckland 1541, or fax to (09) 580 0010.

NZDA Patient Information Brochures are available in three different formats. Please specify which format you prefer when ordering:

- **DL** brochures (40 per pack)
10cm (w) x 21cm (h)
ideal for the waiting room
- **A5** tear-off pads (50 per pad)
15cm (w) x 21cm (h)
available as a tear-off pad for the surgery
- **A4** tear-off pad (100 per pad)
21cm (w) x 29.7cm (h)
available as a tear-off pad for the surgery

	How to Brush	How to Floss	Fissure Sealants	Improve Your Smile	Dental Amalgam	Which Filling?	Wisdom Teeth	Tooth Whitening	Filling the Gap	Crowns	Root Canal Treatment	Cracked Tooth Syndrome	Immediate Dentures	Dental Erosion	Your Dental Hygienist	Protecting Your Oral Health	Healthy Smile, Healthy Child	Price per pad/ pack	Total \$
DL																		\$12.50	
A5																		\$12.50	
A4																		\$20.00	

In the boxes above, please indicate how many packs/pads you would like of each brochure.

Oral Health Educational Stickers (round, 6cm x 6cm)	No. pads required	Price per pad	Total \$
Six different stickers, 25 sheets per pad (150 stickers)		\$25.00	

Dental Surgery Forms	No. pads required	Price per pad	Total \$
Patient Health Questionnaire (pad of 50)		\$6.00	
Estimate of dental costs (pad of 50)		\$10.00	
Prescription forms (pad of 50)		\$6.00	
Referral forms (pad of 50)		\$10.00	
Instructions after oral surgery (packs of 500)		\$25.00	

Name Badges for dentist and staff (formica, green logo, with pin). Badge text will appear exactly as you enter it.	Price	Total \$
Name: _____ Title: _____	\$20 per badge	

YOU MUST COMPLETE ALL OF THE FOLLOWING

Delivery Address (must be a physical address – no PO Boxes)	Subtotal	

Please ensure courier charge is added to your payment	Courier	\$6.50
All prices include GST	Balance Due	

Name of Dentist		Telephone number	
Payment method (tick)	<input type="checkbox"/> Cheque (enclose with mail order) <input type="checkbox"/> Credit Card (Visa & Mastercard accepted)		
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Name on Credit Card		Cardholder Signature	

GOODS WILL BE SENT ON RECEIPT OF PAYMENT

LAST UPDATED JANUARY 2010