

# ORDER FORM

## 2006 ADA Dental Claim Forms

**STYLE:**

1 part Laser  
1 part continuous  
2 part continuous

**QUANTITY:**  
\_\_\_\_\_Ship To:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADA Claim Form Envelopes

**QUANTITY:**  
\_\_\_\_\_**IMPRINT:**

No charge to print camera ready logos, just send clean copy. Or, fill out the lines below with your return address.

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**TYPESTYLE:**

Omega  
Ariel  
*Dolphin*  
CHISEL  
Techno  
Times  
Papyrus  
Bernie  
Bradley  
LISTE

Return Service Requested (address corrected & returned to you)  
Address Service Requested (address corrected & forwarded)  
None

Your Name &amp; Phone: \_\_\_\_\_