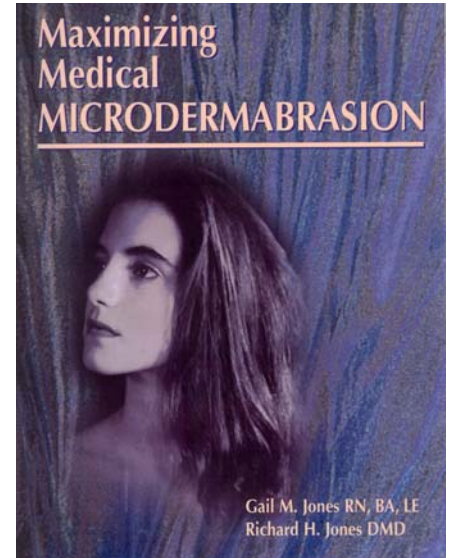


Maximizing Medical Microdermabrasion Order Form

Complete this order form and mail to:

Newtown Oral Surgery
400 East Washington Avenue
Newtown, PA 18940

or fax to: 215-579-7688



CUSTOMER INFORMATION:

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

QUANTITY: _____ \$75.00 each plus \$6.00 Shipping & Handling (Total \$81.00)
6% sales tax must be added to PA residents (Total \$85.55)

TOTAL: _____

PAYMENT METHODS:

_____ Check enclosed in the amount of _____ payable to: Newtown Oral Surgery, Inc.

_____ Credit Card Number _____ Exp. Date _____

3 digit pin # (back of card) - last 3 digits _____

4 digit # America Express (front of card) _____

QUESTIONS? Call 215-579-2626 or email gailmjones@gmail.com

Thank you! We appreciate your business.