

Coupon 1

SUBMIT WITH FIRST CASE AT FULL PRICE

Ultaire™ AKP
proudly offered by



DENTIST NAME: _____

DENTIST OFFICE NAME: _____

DENTIST EMAIL: _____

DENTIST ADDRESS: _____

I authorize Solvay Dental 360™ to contact me to inquire about my experience with Ultaire™ AKP.

I acknowledge that I have received, read and agree to the terms and conditions of the offer.

DENTIST SIGNATURE: _____

Offer expires June 30, 2018. Both the first and second case must be completed by the same participating lab.



Coupon 2

SUBMIT WITH SECOND CASE AT NO COST

Ultaire™ AKP
proudly offered by



DENTIST NAME: _____

DENTIST OFFICE NAME: _____

DENTIST EMAIL: _____

DENTIST ADDRESS: _____

I authorize Solvay Dental 360™ to contact me to inquire about my experience with Ultaire™ AKP.

I acknowledge that I have received, read and agree to the terms and conditions of the offer.

DENTIST SIGNATURE: _____

Offer expires June 30, 2018. Both the first and second case must be completed by the same participating lab.



For questions, please call 1-800-367-3322

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