



www.rescue7.ca

Defibrillator for the Dental Office Order Form

Please complete all fields in the form below and
FAX to: (416) 862-8875

Upon receipt of the completed order form
we will arrange for and invoice your shipment.

Ship To				
Date				
Dentist Name				
Address				
Address				
City				
Province				
Postal Code				
Telephone				
Bill To <i>(if different from above)</i>				
Address				
Address				
City				
Province				
Postal Code				
Contact Name				
Contact Telephone				
Contact Email Address				
Product Order				
		Quantity	Unit Price	Total
Defibrillator (Samaritan™ Package)			\$1,650.00	
Shipping				\$10.00
GST (8%)				
PST (7%)				
Total				

Signature: _____ Date: _____