



# Fluoride Water Analysis Service

## ORDER FORM

### Address I

Dr., Mr., Mrs., Ms. **Name** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Email \_\_\_\_\_ Date of sampling \_\_\_\_\_

Please send me \_\_\_\_\_ sample kits for fluoride water testing.  
If the testing location is different from **Address I**, please send sample kits to:

### Address II

Dr., Mr., Mrs., Ms. **Name** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Email \_\_\_\_\_ Date of sampling \_\_\_\_\_

Report to address I only     Report to address II only     Report to address I & II

<b>Price</b>	<b>Quantity</b>	<b>Amount</b>
\$15.00 / each sample	_____	\$ _____
10+ samples	call us for discount rate	

Check enclosed \$ \_\_\_\_\_ payable to **SAS-LLU**.

Charge: Total \$ \_\_\_\_\_  Visa  MC

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_

**Mail to:** Sterilization Assurance Service, Loma Linda University School of Dentistry,  
24876 Taylor St., Loma Linda, Ca 92350  
**Telephone:** (909) 558-8176, (909) 558-8794, (909) 558-8069;  
**Fax:** (909) 558-0307; **Email:** [SAS@sd.llu.edu](mailto:SAS@sd.llu.edu)

- Down loading the Order Form, then call, mail, Fax or Email to us
- **Click here for Sterilization Assurance Service & Dental Unit Waterline Testing**