

# Coupon 1

## SUBMIT WITH FIRST CASE AT FULL PRICE

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.

Ultaire™ AKP  
proudly offered by



# Coupon 2

## SUBMIT WITH SECOND CASE AT NO COST

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.

Ultaire™ AKP  
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**Caution: Federal law restricts this device to sale by or on the order of a dentist or other authorized dental professional.**