

Equipment Purchase Order

Customer Care: Tel: 0000-000-000, Fax: 0000-000-000

Shipping Information				Billing Information				Today's Date			
Dr. Name				Contact				Pricing Valid Until			
Facility Name				Contact Phone				Specialty			
Address				Address				Software			
City, State		ZIP		City, State		ZIP		No. of Ops		Office Network <input type="checkbox"/> LAN <input type="checkbox"/> WAN	
Phone		Fax		E-mail		Fax		Notes			
E-mail		Website		Notes				Notes			

Product Description	Art #	Retail Price	Qty	Special Mkt.	Extended Price
Digital X-ray System, In-Office Training, 1 Year Care Includes Sensor, Ray Software, All Accessories	5101S	14,975		12,995	
Additional Digital X-ray Sensor, Accessories, 1 Year Care	5102S	10,695		9,495	
Image Software Module	202	2,495		1,248	
Net Software Module	222	1,995		995	
Scan / Twain (Imaging Suite) Software Module	210	1,995		995	
Write Software Module	211	2,495		1,248	
Implant Software Module	212	1,995		995	
Psp Software Module	352	2,495		1,248	
Pan Link	305	1,995		995	
i-CAT Link (for use with Imaging Suite ONLY)	245	1,995		995	
Ray Site License Includes both Version 9 & Imaging Suite Software	817	3,495		3,495	
Integrator	291	1,995		995	
Integrator for Specialty Software (EndoVision, OMSVision)	244	1,995		995	
Integrator (for use with EagleSoft, PracticeWorks, SoftDent, Others)	227	1,995		995	
Forensic Software Module	236	1,995		995	
Animal Software Module	235	1,995		995	
Security Software Module	351	1,995		995	
Com Software Module (for use with PACS)	238	N/A		5,995	
Shield Positioning Ring Kit Includes 1 Ring, 8 Holders, 3 Bars	795021	295		395	
Shield Positioning Ring Kit - 3-Pack	795021P1	595		595	
Flatbed Scanner	339	N/A		1,011	
NOMAD Pro 2 with Large Carrying Case Holds, Laptop and NOMAD Pro 2	778021	N/A		8,695	
Sub Total Column 1					

Payment Method

Purchase Order No. Credit Card No.
 Check No. Exp. Sec.

Special Markets Signature _____ Name _____ Date _____ RSM Initials _____

Product Description	Art #	Retail Price	Qty	Special Mkt.	Extended Price
Caries Detection Device Includes Handpiece with Holder, 1 Large Tip, 1 Small Tip, and Software Module	5105A	6,995		5,995	
Caries Detection Device when Packaged with Software Bundle 1 or 2 below:	5105N	6,995		6,295	
1 Full Software License includes Ray, Net, Twain, Pan Link, Image, Integrator*, In-Office Training	353001	5,995		5,995	
2 X-ray Software Only includes Ray, Net, Twain, Pan Link, Image, Integrator*, In-Office Training	353003	4,995		4,995	
* <input type="checkbox"/> Integrator <input type="checkbox"/> Integrator for Specialties <input type="checkbox"/> Integrator for ES, PW, SW, Others	N/A	N/A		N/A	
Small Tip	653S	249		224	
Small Tip - 3-Pack	653SB	749		560	
Large Tip	653L	249		224	
Large Tip - 3-Pack	653LB	749		560	
Cam 3 USB Intra-oral Camera, 1 Year SLA (Sold Bundled w/complete System)	790B	3,995		2,995	
Cam 3 USB Intra-oral Camera, 1 Year SLA (Sold as Stand-alone Unit)	790	3,995		2,995	
Care Service Level Agreement (1 Year) per Sensor	119/106	1,995		1,995	
Basic Care Service Level Agreement (1 Year) per Sensor	116	1,495		1,495	
Site SLA (1 Year) Up to 10 Sensors at a Single Site / \$2995 Replacements	124	1,295		1,295	
Technical Support and Software Service Level Agreement (1 Year)	114	795		795	
Additional 2-Hour On-site Training	10301	395		395	
Additional 4-Hour On-site Training	10302	995		795	

On-site Installation I Accept I Decline
 Care Information Received Yes No
 System Requirements Received Yes No

Purchaser's Initials

**Shipping and handling fees will apply.
 ***Final amount may vary slightly due to specific local sales tax amounts. If, after order processing, total amount due is greater than amount received, your account will be billed for the difference. If total amount due is less than amount paid, a refund check will be issued for the difference. This order is subject to the terms and conditions appearing on the reverse side hereof, and Purchaser agrees to be bound thereby.

Minimum	1,295
Sub Total Column 2	
Sub Total From Column 1	
Other	
**S&H	
Sales Tax	
Total	
Deposit	
***Balance Due	

Purchaser's Signature _____ Date _____

Thank you for your business!
Fax PO to 000-000-000