

Philips Sonicare Order Form

Your details

	Date:
Full name:	
Title:	
Practice name:	
Address:	Postcode:
GDC number:	
Telephone number:	
Email:	

Order Form

Description	Unit cost	Quantity	Total excl. VAT
Free qualified item/additional comments:		Total excl. VAT:	
		Total incl. VAT:	

If you have any queries please call one of our representatives on 0800 0567 222

Reset form

Submit form

We will process your order and as soon as the stock is available your order will be shipped to the delivery address details supplied on this form. All process quoted may be subject to a delivery change based on total amount meeting minimum order value (currently £100 excl VAT). Philips reserve the right to cancel or amend your order at any time at their discretion. Standard Philips terms and conditions of sale shall apply to all transactions, a copy of which is available upon request

2-year warranty

Your products is covered by Philips international Warranty. If within 2 years your product is faulty please do not return your brush or powerfloss to the practice. Instead, please call Philips' warranty exchange query line on 02079490240. This is your proof of purchase, please retain for your records.



ZOOM!

Philips Zoom! Order Form

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