



Order Form

Dental Sleep Apnea Solutions

Personal Information (please print or type)

Name	
Title	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	
DOSA Member	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product Information (Check website for current prices or call 1-888-284-6113)

Remmers Sleep Recorder

Payment Information

I am paying by:
___ money order ___ check ___ credit card

Credit card type	
Credit card number	
Card Verification Number	
Expiration date	
Authorized signature	

If Paying with **Credit Card**, fax completed form to 1-888-284-6113

If paying by Check or Money Order, please make payable to **DSAS** and mail with this form to:

Dental Sleep Apnea Solutions (DSAS)
1309 Paluxy Road
Granbury, TX 76048

1309 Paluxy Road, Granbury, TX 76048
www.dentalsleepapneasolutions.com e-mail: services@dentalsleepapneasolutions.com