

PROFESSIONAL PRICE LIST AND ORDER FORM

CALL 800.775.4140 | FAX 831.319.4782 | orders@biocidin.com

ITEM DESCRIPTION	CODE	SIZE	WHSL	RETAIL	QTY	TOTA
Biocidin® Broad-Spectrum Liquid Capsules	ACAP	90 capsules	\$38.45	\$63.97		
Biocidin® Broad-Spectrum Liquid Formula	ABIC1	1 oz	\$38.45	\$63.97		
Biocidin® LSF Broad-Spectrum Liposomal Formula	ALSF	1.7 oz	\$48.45	\$80.97		
Biocidin® TS Daily Herbal Throat Spray	BTS	1 oz spray	\$16.95	\$28.47		
Biotonic® Daily Adaptogenic Elixir	BIT	2 oz bottle	\$23.95	\$39.97		
Dentalcidin® Oral Microbiome Toothpaste	DENT	3 oz tube	\$18.95	\$29.97		
Dentalcidin® LS Oral Microbiome Liposomal Rinse New!	DENTLS	1 oz pump bottle	\$26.95	\$44.97		
Dentalflora™ Daily Oral Probiotics	DFLOR	30 tablets	\$20.95	\$34.97		
G.I. Detox®+ Zeolite, Charcoal & Herbal Formula	GID	60 capsules	\$20.45	\$34.47		
G.I. InnerCalm [™] Botanical Formula with Glycine and GutGard [®]	PICGI	30 6g/0.21 oz stick packs	\$41.45	\$69.97		
Olivirex® High-Potency Olive Leaf Formula	OLIV	60 capsules	\$23.45	\$38.97		
Proflora™4R Spore-Based Probiotic & Herbal Formula	PROF	30 capsules	\$35.95	\$59.97		
DISCOUNT CODES DO NOT APPLY TO PRO	GRAMS					
Dentalcidin® Oral Care System 1 Dentalcidin®, 1 Dentalcidin® LS	DTBL	Dentalcidin® 3 oz Dentalcidin® LS 1 oz	\$43.45	\$70.47		
Bioclear® Microbiome Detox Program 1 Biocidin®, 1 Proflora™4R, and 1 G.I. Detox®+	ALIQ CAPK LSFK	Biocidin® Liquid 1 oz Biocidin® 90 capsules Biocidin® LSF 1.7 oz	\$80.45 \$80.45 \$88.95	\$134.47 \$134.47 \$148.97		
Comprehensive Cleansing Program™ 2 Biocidin®, 2 Proflora™4R, 3 Olivirex®, 3 G.I. Detox®+, 2 Biotonic®, and 1 Free Dentalcidin® Toothpaste	CCPK CCPC CCLSF	Biocidin® Liquid 1 oz Biocidin® 90 capsules Biocidin® LSF 1.7 oz	\$278.95 \$278.95 \$295.95	\$465.47 \$465.47 \$494.47		
Authorization required for all returns. Please contact us by phone or email. Ph: 800.775.4140 Email: orders@biocidin.com		S&H rates: \$7.00 for standard shipping. Call for air rates. Free standard shipping for domestic orders over \$250. S&H				
BILLING AND CUSTOMER INFORMATION		SHIPPING INFORMATION			TOTAL	
Please print clearly.		Check if the same as billing	3.		_	
Name Credentials		Name	Credentials			
Clinic Name		Clinic Name				
Billing Address		Shipping Address				
City State Zip						
Phone Email		 For your safety, we are not taking credit card information here. You will be contacted by Customer Service via email with a link to make a secure payment. 				
License No State		by Customer Service via email wi —	th a link to mak	e a secure payr	nent.	
How did you hear about us?		_				
I'd like to establish a Professional Account						

REV. 03.01.2024 Prices as of March 1, 2024