



| ITEM DESCRIPTION | CODE | SIZE | RETAIL | QTY | TOTAL |
|---|--------|----------------------------|---------|-----|-------|
| Biocidin® Broad-Spectrum Liquid Capsules | ACAP | 90 capsules 1-month supply | \$59.97 | | |
| Biocidin® Broad-Spectrum Liquid Formula | ABIC1 | 1 oz 1-2 month supply | \$59.97 | | |
| Biocidin® LSF Broad-Spectrum Liposomal Formula | ALSF | 1.7 oz 1-month supply | \$78.97 | | |
| Biocidin® TS Daily Herbal Throat Spray | BTS | 1 oz spray | \$25.97 | | |
| Biotonic™ Daily Adaptogenic Elixir | BIT | 2 oz bottle | \$39.97 | | |
| Dentalcidin® Oral Microbiome Toothpaste | DENT | 3 oz tube | \$27.97 | | |
| Dentalcidin® LS Oral Microbiome Liposomal Rinse | DENTLS | 1 oz pump bottle | \$42.47 | | |
| G.I. Detox™+ Zeolite, Charcoal & Herbal Formula | GID | 60 capsules | \$32.47 | | |
| New! G.I. InnerCalm™ Daily Soothing Support for Digestive Health | PICGI | 30 6g/0.21 oz stick packs | \$69.97 | | |
| Olivirex® High-Potency Olive Leaf Formula | OLIV | 60 capsules | \$36.47 | | |
| Now with 33% more spores! Proflora™ 4R Spore-Based Probiotic & Herbal Formula | PROF | 30 capsules 1-month supply | \$59.97 | | |

DISCOUNT CODES DO NOT APPLY TO PROGRAMS

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|----------------|---|-----------------------|--|----------------------------------|--|--|
| 5% OFF | Dentalcidin® Oral Care System 1 Dentalcidin®, 1 Dentalcidin® LS | DTBL | Dentalcidin® 3 oz Dentalcidin® LS 1 oz | \$66.97 | | |
| 15% OFF | 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 | \$128.97 \$128.97 \$144.97 | | |
| 15% OFF | Comprehensive Cleansing Program™ 1 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 | \$445.97 \$445.97 \$478.27 | | |

Authorization required for all returns.
Please contact us by phone or email orders@biocidin.com.

S&H Rates: \$7.00 for standard shipping. Call for air rates.
Free standard shipping for domestic orders over \$250.

SUBTOTAL _____

S&H _____

TOTAL _____

BILLING AND CUSTOMER INFORMATION

Please print clearly and in all capital letters.

Name _____ Credentials _____

Clinic Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

How did you hear about us? _____

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.

SHIPPING INFORMATION

☐ Check if the same as billing.

Name _____ Credentials _____

Clinic Name _____

Shipping Address _____

City _____ State _____ Zip _____