

THE FUSION PACKAGE
Forest
DENTALEZ



YOU CHOOSE
Any third equipment
item of at least
\$300 Retail value

2023 Promotions

*Offers valid July 1st through
December 31st, 2023*

FUSION PACKAGE PROMOTION & \$1,000 REBATE

Chair + Unit + Third Item
Starting at \$13,200*
Retail before rebate!

*Consists of 3800 chair, 2186BC delivery unit, and \$300 additional retail purchase

Purchase a Fusion patient chair, Fusion pivot,
sidebox or rear-mounted delivery unit, and
any third item of at least \$300 retail.



EXAMPLES OF QUALIFYING THIRD ITEMS TO CHOOSE FROM:

- + Stool
- + Cuspidor
- + Assistants Instrumentation
- + Ultraleather® Upgrade
- + Additional Handpiece Position
- + Additional Foot Control or Touchpad
- + Self Contained Clean Water System

Unlock additional savings by making the third item a
9078 LED operatory light at a reduced price!

Chair-Mounted LED

WAS \$3,630
NOW \$2,000

Ceiling-Mounted LED

WAS \$4,955
NOW \$2,600

Cabinet or Wall-Mounted LED

WAS \$5,805
NOW \$3,900

TO QUALIFY FOR THE PROMOTIONAL PRICING & CASH REBATE THE DENTIST MUST PURCHASE:

1. FUSION PATIENT CHAIR

Item No. 3800 or 3800PT (pre-tubed)

2. FUSION DELIVERY SYSTEM

Item No. 4296PI (pivot), 4295SI (sidebox), 2186BC (rear), or 2184BC (rear)

3. ANY THIRD EQUIPMENT ITEM

with minimum \$300 retail value



PROGRAM GUIDELINES

- To qualify, Purchase Order needs to be submitted by December 31st, and rebate submitted within 60 days of dealer invoice date; valid only through authorized dealers in the United States and Canada.

- No additional discounts, free goods, rebates, foreign currency relief and/or promotions apply in combination with this program. This also includes any DENTALEZ purchases made through special dealer recovery programs.

- Cash Rebate eligibility for Dental Office only. Not valid for Institution, School, Government and Special Market or other accounts with contracted terms.

- Product must ship directly from DENTALEZ® and/or dealer consignment inventory (i.e., not from dealer stock or showroom).

- DENTALEZ reserves the right to modify or terminate this program at any time for any reason.

REDEMPTION

- Dentist must apply for Cash Rebate by submitting the information outlined below, as well as a copy of the dealer invoice listing product serial numbers, within 60 days of the date of dealer invoice at [DENTALEZ.COM/redeem](https://www.dentalez.com/redeem).

- Once submission is complete, please allow 6 weeks for processing; Cash Rebates to be paid by DENTALEZ via check in USD.

Dentist Name _____ Office Name, if different _____

Office Address _____ City, State, Zip code _____

Email Address _____

Telephone Number _____

Copy of Dealer Invoice(s) that includes product serial numbers (please attach) _____

This offer reflects a discount or reduction in the selling price on the purchased product(s). Buyer/Lessee/Lessor is obligated to (i) fully and correctly disclose the amount of the discount in Buyer/Lessee/Lessor's cost reports or claims for reimbursement to Medicare, Medicaid or any other federal healthcare program that requires such disclosure; and (ii) provide documentation of the discount to the representatives of the Secretary of Department of Health and Human Services and state agencies upon request. Buyer/Lessee/Lessor may request additional information from DENTALEZ if needed to ensure all reporting or disclosure obligations are met. This offer is valid for dental practices only for qualifying products sold through any authorized DENTALEZ Dental dealer in the United States and Canada.