

MASTER SERIES

MASTERSurg™ LUX WIRELESS

BUY (1) MASTERSurg™ LUX Wireless Surgical System
AND (1) SURGmatic™ Pro handpiece
GET (2) SURGmatic™ Pro Handpieces



PROMO CODE
 24H2PS1

EXPERT SERIES

EXPERTSurg™ LUX

BUY (1) EXPERTSurg™ LUX Surgical System
AND (1) SURGmatic™ Pro handpiece
GET (1) SURGmatic™ Pro Handpiece



PROMO CODE
 24H2PS2

HYGIENE

SONICflex™

BUY (1) SONICflex™ 2008L OR 2003L
GET (3) Mix and Match Tips
 (Excludes Tips: #87, #87A, and Tip Sets)



PROMO CODE
 24H2PH1

PROPHYflex™ 4

BUY (1) PROPHYflex™ 4
GET (1) 457 MULTIflex™ coupler **OR (1)** Cannula Tip
AND (1) PROPHYflex™ Powder **OR** PROPHYPearls™



PROMO CODE
 24H2PH2

KaVo Promotions – SPECIALTY & HYGIENE 2nd Half 2024 Promotional goods must be of equal or lesser value and may not be combined with any other offers. Purchase must be made on one invoice between 7/1/24 and 12/31/24, unless otherwise noted. Redeem by 1/30/25. To receive your promotional goods, email or fax a copy of your authorized KaVo Dental dealer invoice noting promo code and product(s) desired to: **orders@kavo.com** or **704.927.0816**. Limit to 3 redemptions. Incomplete submissions will not be processed. Allow 8 weeks for delivery. Promotions are subject to change or cancellation without notice. Offer void if purchased product is returned. Note that you may have an obligation under federal, state or local law to reflect discounts on product given pursuant to this promotion on any cost report forms submitted to a federal or state government or private payer who provides reimbursement for that product. **These offers cannot be combined with any other KaVo promotion or offer and cannot be combined with the KaVo Bundle Handpiece Program.** No substitutions are allowed. These offers MUST be purchased via an authorized KaVo Dental dealer and are valid only for dealers and dental offices located in the United States.

<input type="checkbox"/> 24H2PS1 MASTERSurg™ LUX Wireless Surgical System
BUY (1) MASTERSurg LUX Wireless Surgical System AND (1) SURGmatic Pro handpiece MASTERSurg LUX Wireless (part #1009.1200), SURGmatic S201 XL Pro (part #1013.7541), SURGmatic S201 L Pro (part #1013.7540), SURGmatic S15 L Pro (part #1014.4000)
GET (2) SURGmatic Pro Handpieces Choose two: <input type="checkbox"/> SURGmatic S201 XL Pro (part #1013.7541) <input type="checkbox"/> SURGmatic S201 L Pro (part #1013.7540) <input type="checkbox"/> SURGmatic S15 L Pro (part #1014.4000) <input type="checkbox"/> SURGmatic S11 L (part #1009.1010)

<input type="checkbox"/> 24H2PS2 EXPERTSurg™ LUX Surgical System
BUY (1) EXPERTSurg LUX Surgical System AND (1) SURGmatic Pro handpiece EXPERTSurg LUX (part #1008.3500), SURGmatic S201 XL Pro (part #1013.7541), SURGmatic S201 L Pro (part #1013.7540), SURGmatic S15 L Pro (part #1014.4000)
GET (1) SURGmatic Pro Handpiece Choose one: <input type="checkbox"/> SURGmatic S201 XL Pro (part #1013.7541) <input type="checkbox"/> SURGmatic S201 L Pro (part #1013.7540) <input type="checkbox"/> SURGmatic S15 L Pro (part #1014.4000) <input type="checkbox"/> SURGmatic S11 L (part #1009.1010)

<input type="checkbox"/> 24H2PH1 SONICflex™
BUY (1) SONICflex quick 2008 L OR SONICflex 2003 L SONICflex quick 2008 L (part #1005.9310), SONICflex 2003 L (part #1000.4243)
GET (3) Tips <input type="checkbox"/> Tip Part #s: _____, _____, _____ (Excludes Tips: #87, #87A, and Tip Sets)

<input type="checkbox"/> 24H2PH2 PROPHYflex™ 4
BUY (1) PROPHYflex 4 Choose one: <input type="checkbox"/> PROPHYflex 4 wave blue (part #3002.8000) <input type="checkbox"/> PROPHYflex 4 lime green (part #3002.8200) <input type="checkbox"/> PROPHYflex 4 flamingo pink (part #3002.8800)
Get (1) 457 MULTIflex™ coupler OR (1) Cannula Tip AND (1) PROPHYflex Powder OR PROPHYpearls™ Choose one: <input type="checkbox"/> 457 MULTIflex coupler (part #0553.1210) <input type="checkbox"/> Cannula, Standard (part #3003.1138) <input type="checkbox"/> Cannula, Power (part #1012.1000) Choose one: <input type="checkbox"/> PROPHYflex Powder Orange (part #1007.0014) <input type="checkbox"/> PROPHYflex Powder Berry (part #1007.0015) <input type="checkbox"/> PROPHYflex Powder Cherry (part #1007.0016) <input type="checkbox"/> PROPHYflex Powder Mint (part #1007.0017) <input type="checkbox"/> PROPHYpearls Neutral (part #1010.1826) <input type="checkbox"/> PROPHYpearls Mint (part #1010.1828) <input type="checkbox"/> PROPHYpearls Peach (part #1010.1829) <input type="checkbox"/> PROPHYpearls Orange (part #1010.1830) <input type="checkbox"/> PROPHYpearls Black Currant (part #1010.1831)

Ship Merchandise to: (must ship directly to the doctor)
Doctor's name:
Practice name:
Address:
City/State/Zip Code:
Phone Number:

Dealer information:
Name/City/State:
Account Number:
Contact Name:
Phone Number:
Qualifying Dealer Invoice MUST be attached – invoice number: