



CUSTOMER PRICE LIST

ITEM #	DESCRIPTION	SIZE	ITEM COST	# ITEMS	COST
NUTRITIONAL SUPPLEMENTS					
000014	Awakening® Formula (Dr. Allan Phillips)	60 ct	\$25.99		
000021	Awakening® Formula 2 Bottle PK (Dr. Allan Phillips)	60 ct	\$47.99		
000038	Awakening® Formula 3 Bottle PK (Dr. Allan Phillips)	60 ct	\$65.99		
000106	OsteoActives® Formula (Dr. Tom McNeillis)	60 ct	\$25.99		
000120	OsteoActives® Formula 2 Bottle PK (Dr. Tom McNeillis)	60 ct	\$47.99		
000137	OsteoActives® Formula 3 Bottle PK (Dr. Tom McNeillis)	60 ct	\$65.99		
000700	Restoralyn® Formula (Dr. Tom McNeillis)	60 ct	\$29.99		
000724	Restoralyn® Formula 2 Bottle PK (Dr. Tom McNeillis)	60 ct	\$53.99		
000731	Restoralyn® Formula 3 Bottle PK (Dr. Tom McNeillis)	60 ct	\$71.99		
001400	TriGuard® Plus (Dr. Allan Phillips) (Concentrate)	30 mL	\$22.99		
001509	TriGuard® Plus (Dr. Allan Phillips) (Concentrate)	60 mL	\$39.99		
001417	TriGuard® Plus (Dr. Allan Phillips) (Concentrate)	100 mL	\$54.99		
001493	TriGuard® H2O (Dr. Allan Phillips) (Water)	236 mL	\$29.99		
TRIGUARD® PLUS - BODY CARE PRODUCTS					
001448	Recovery Gel (Dr. Allan Phillips) (Squeeze Bottle)	51 mL	\$14.99		
001431	Recovery Gel (Dr. Allan Phillips) (Pump Bottle)	100 mL	\$23.99		
001455	Skin & Wound Spray (Dr. Allan Phillips) (Pump Sprayer)	60mL	\$14.99		
001462	Throat Spray (Dr. Allan Phillips) (Pump Sprayer)	60 mL	\$14.99		
001486	Skin & Wound Spray (Dr. Allan Phillips) (Pen Sprayer)	10 mL	\$4.99		
001424	Nasal Spray (Dr. Allan Phillips) (Nasal Sprayer)	60 mL	\$14.99		

SHIPMENT MAY BE DELAYED IF YOUR ORDER FORM IS NOT FILLED OUT COMPLETELY AND ACCURATELY.

ORDER ONLINE: OxygenNutrition.com

SUBTOTAL	
Shipping & Handling	(FREE GROUND)
TOTAL	



P.O. Box 2017, Sandy, Utah 84091-2017 • OxygenNutrition.com • Tel: 1-800-250-5252

<p>Ship Date _____</p> <p><input type="checkbox"/> New Account <input type="checkbox"/> Existing Account: ACCOUNT # _____</p> <p>METHOD OF PAYMENT</p> <p><input type="checkbox"/> Check enclosed: Check # _____ Check \$ _____</p> <p><input type="checkbox"/> C.O.D. (Add an additional \$10.00 SHIPPING)</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>Name _____</p> <p>Number _____ Exp. Date _____</p> <p>Salesperson _____</p> <p>Order Date _____</p> <p>SHIPMENT MAY BE DELAYED IF YOUR ORDER FORM IS NOT FILLED OUT COMPLETELY AND ACCURATELY.</p>	<p>BILL TO: _____</p> <p><input type="checkbox"/> Check here if address is new</p> <p>_____</p> <p>_____</p> <p>SHIP TO: _____</p> <p><input type="checkbox"/> Check here if address is new</p> <p>_____</p> <p>_____</p> <p>Buyer's Name _____</p> <p>Phone # _____ Fax # _____</p> <p>Email Address _____</p>
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