



# BIO-BOTANICAL RESEARCH INC.

## Price List and Order Form 2011

Fax: **1.831.688.1733**  
Call: **1.800.775.4140**

Item Description	Code	Size	*Retail	Qty.	Extended
Biocidin® Adv. Formula Liquid <small>New Lower Price</small>	ABICI	30 ml 2 month supply	\$48.95		
Biocidin® Adv. Formula Capsules	ACAP	90 capsules	\$48.95		
Biocidin®TS Adv. Formula Throat Spray	BTS	30 ml spray	\$17.95		
Bioclear™ Cleansing Program 2 month supply with 30 ml Biocidin®, Biotonic™ and 2 Proflora®	ALIQ2	4 item kit 2 months supply	\$89.95		
Bioclear™ Cleansing Program with Biocidin®, Biotonic™ and Proflora®	CAPK	3 item kit 1 month supply w/ Biocidin® capsules	\$74.95		
Biotonic™ Adaptogenic Tonic	BIT	120 capsules	\$19.95		
Biorestore™ Essential Fatty Acids	BEFA	60 softgels	\$34.95		
Epicidin™ Facial Mist	EFM	60 ml spray	\$20.95		
Epirestore™ Anti-Aging Crème	ECC	50 ml creme	\$48.95		
Envirocidin® Purifying Aerosol Spray	ENVI	30 ml spray	\$16.95		
G.I. Detox™ 3 Day Cleanse	GID	36 capsules	\$24.95		
Olivirex® Olive Leaf Combination	OLIV	60 capsules	\$32.95		
Proflora® Probiotic Combination	PRO	30 ml bottle	\$19.95		
Samples Kinesiological Testing	VIALS	test vials	\$5.00		
Viruclear Wellness Kit with Biocidin®TS,	VIRU	3 item kit	\$56.95		

### Billing and Customer Information

Visa     Master Card     American Express

Card Holders Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expires \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Bio-Botanical Research, Inc.  
P.O. Box 2246, Santa Cruz, CA 95063 Toll Free: 1.800.775.4140  
Email: [orders@biobotanicalresearch.com](mailto:orders@biobotanicalresearch.com)  
Web Site: [www.biobotanicalresearch.com](http://www.biobotanicalresearch.com)

S & H Rates:  
\$8.50 for UPS Ground  
Call for air rates.  
Free shipping for orders  
over \$300.

Subtotal

S&H

Total

### Shipping Information

Check if the same as billing address

Existing customers please include the practitioner or clinic name and phone number so that we may access your account. Please call if billing information has changed since last order.

Practitioner Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

\* Practitioners qualify for wholesale pricing. Price will be adjusted accordingly upon processing your order.

We will call or email a confirmation that your order has been received.