ORTHO CAST, INC 99 North Main Street

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STUDY MODEL MONTHLY INVOICE / STMT.

TUFTS SCHOOL OF DENTAL MEDICINE FUNG, KATHANNA 37 TYLER STREET 11TH FLOOR ORTHDONTIC DEPT BOSTON, MA 02111

Date	Invoice #		
7/27/2018	139038		

	Terms		Dı	ue Date	last 4 digits of 0	Credit Card
	5 days		8/	/1/2018		
CODE	MODEL SER	MODEL SERCICE		PATIENT NAME		AMOUNT
ABO ANGL SHP	SERVICE A- FINISHED MODEL, ABO AN SHIPPING ON STUDY MODELS	GLES ONLY, From Impressions	CARRO	OLL		45.95T 15.12T
Subtotal	\$61.07	Sales Tax (6.625%) \$	4.05	Total Th	nis Month	\$65.12
Please pay from this invoice. 1.5% late fee or minimum of \$5.00, on balances over 30 days.			days.	Payme	nts/Credits	\$0.00
				Balar	nce Due	\$65.12