

ORTHO CAST, INC

99 North Main Street
 High Bridge NJ 08829
 PH 908-638-5610 FAX 908-638-5663
 www.orthocast.com info@orthocast.com

STUDY MODEL MONTHLY INVOICE / STMT.

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

Date	Invoice #
7/23/2018	138846

Terms		Due Date	last 4 digits of Credit Card	
5 days		7/28/2018		
CODE	MODEL SERCICE	PATIENT NAME		AMOUNT
ABO ANGL...	SERVICE A- FINISHED MODEL, ABO ANGLES ONLY, From Impressions	LI		45.95T
SHP	SHIPPING ON STUDY MODELS			15.55T
Subtotal		\$61.50	Sales Tax (6.625%)	\$4.07
Please pay from this invoice. 1.5% late fee or minimum of \$5.00, on balances over 30 days.		Total This Month		\$65.57
		Payments/Credits		\$0.00
		Balance Due		\$65.57