

STATEMENT



Dental Temporary Services

1750 Shepherd Lane
 Foristell, MO 63348
 636-673-7673 office
 636-673-7672 fax

Marcia@dentaltemporarieservices.com email

CLIENT NAME _____ TEMPORARY NAME _____
 FAX _____ ADDRESS _____
 HYGIENIST RECEPTIONIST CITY _____
 ASSISTANT DENTIST

S.S. # _____

	DATE	IN	OUT	MINUS LUNCH	DAILY TOTAL
MON.					
TUES.					
WED.					
THUR.					
FRI.					
SAT.					

1. ROUND TO
 QUARTER HOUR
 2. CHECK TIMES &
 TOTALS FOR
 ACCURACY.

TOTAL HRS.	OFFICE USE
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- *Payable 7 days from service
- *Four hour minimum
- *One hour lunch max
- *No solicitation between parties unless DTS is notified
- *Fees will apply
- *Requests/changes through DTS only
- *Once temp arrives office is liable for entire request

CLIENT AUTHORIZED SIGNATURE _____
 TEMPORARY SIGNATURE _____