

FRONTIER DL /Smile Virtual REBATE PROGRAM

4 X 4 X \$400

Complete 4 separate cases. Each case needs to have a minimum of 4 units.

Doctor Name:

Patient Name	Date	Invoice Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please email to Gil@frontierdentallab.com

You can scan or take a screenshot