

# STOCK LASER CUT FORMS

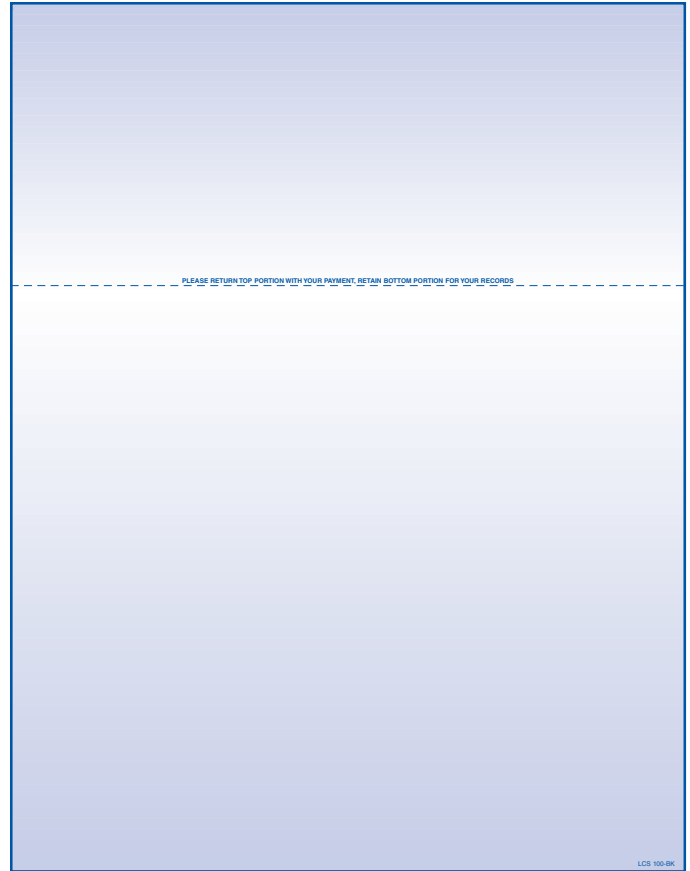
## **LCS100-BK**

Overall Size - 8½" x 11"  
Horizontal Perf. - 3⅞" TOF  
Backprinting - None  
Compatible Software - General Purpose  
Reflex Blue Ink



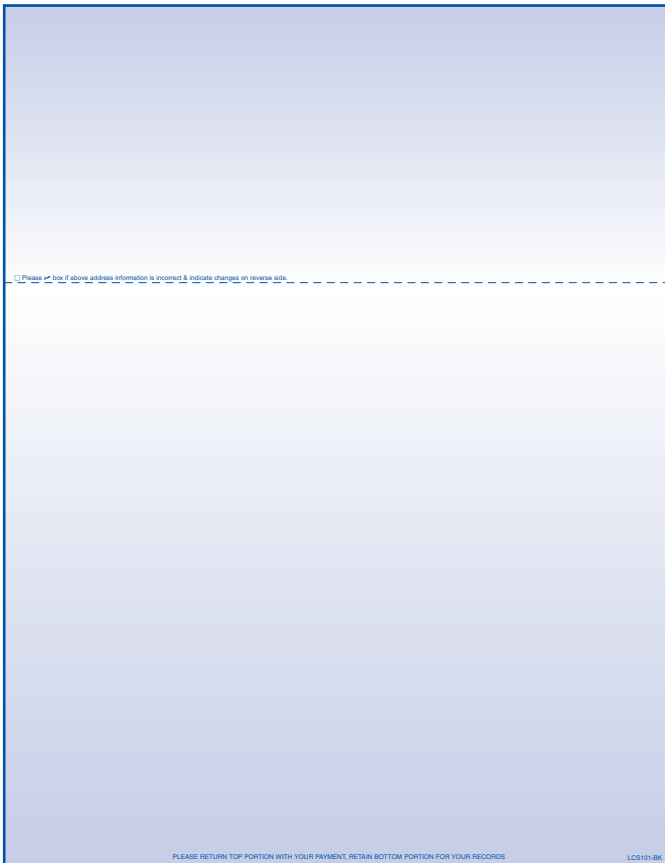
## **LCS101-BK**

Overall Size - 8½" x 11"  
Horizontal Perf. - 3⅞" TOF  
Backprinting - 101-BP  
Compatible Software - General Purpose  
Reflex Blue Ink



PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS

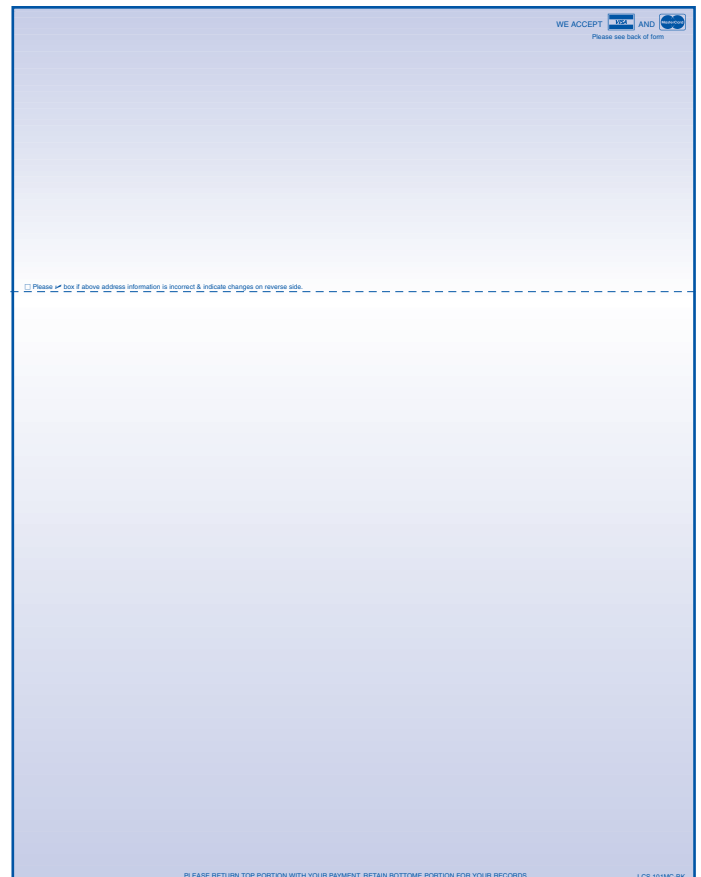
LCS 100-BK






Please use box if above address information is incorrect & indicate changes on reverse side.

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS

LCS101-BK



WE ACCEPT   AND   
Please see back of form.

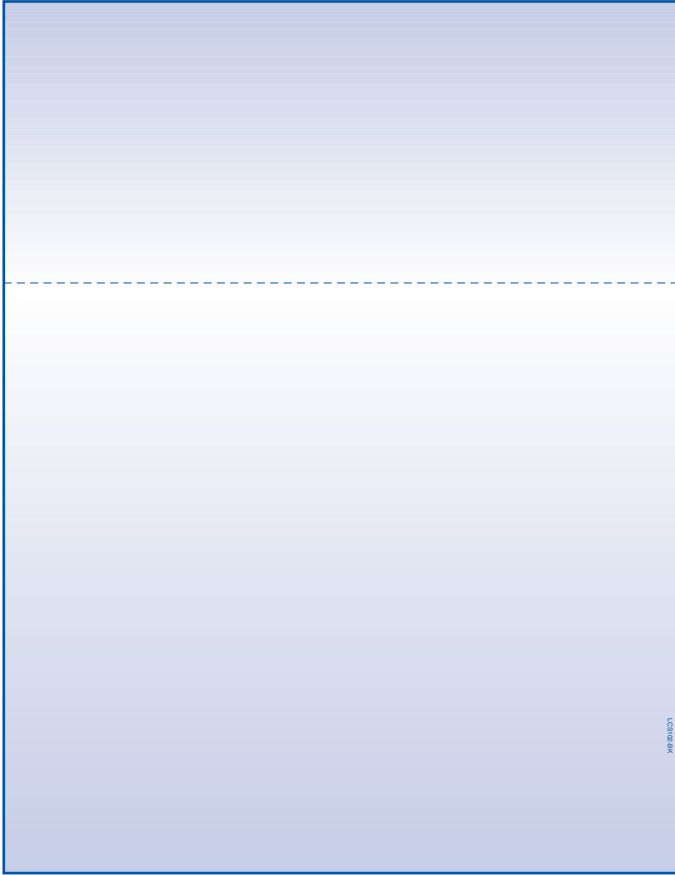
Please use box if above address information is incorrect & indicate changes on reverse side.

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS

LCS 101MC-BK

## **LCS101MC-BK**

Overall Size - 8½" x 11"  
Horizontal Perf. - 3⅞" TOF  
Backprinting - 101MC-BP  
Compatible Software - General Purpose  
Reflex Blue Ink



### **LCS102-BK**

Overall Size - 8½" x 11"

Horizontal Perf. - 3<sup>9</sup>/<sub>16</sub>" TOF

Backprinting - None

Compatible Software - General Purpose

Reflex Blue Ink



### **LCS103-BK**

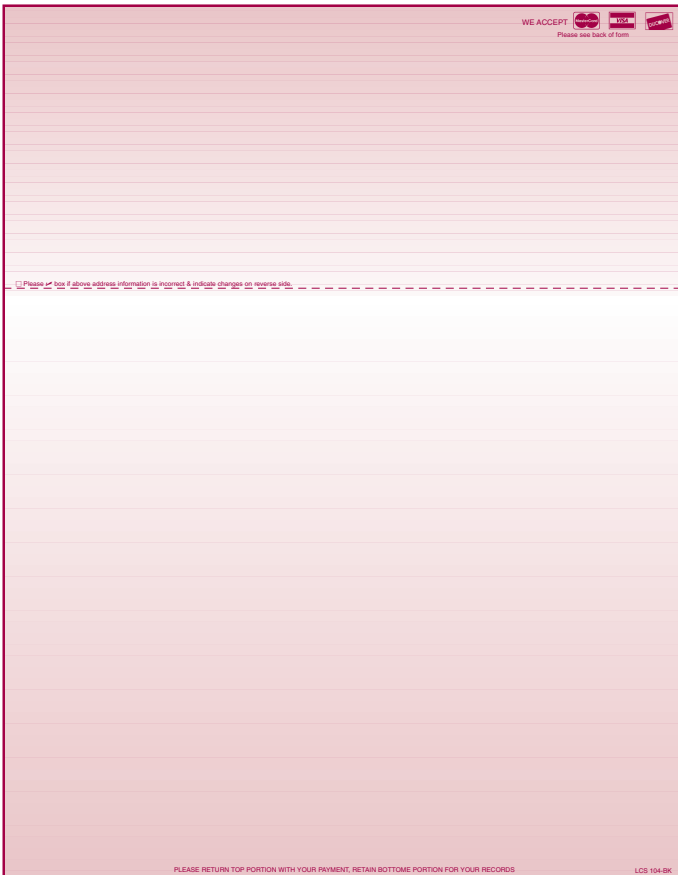
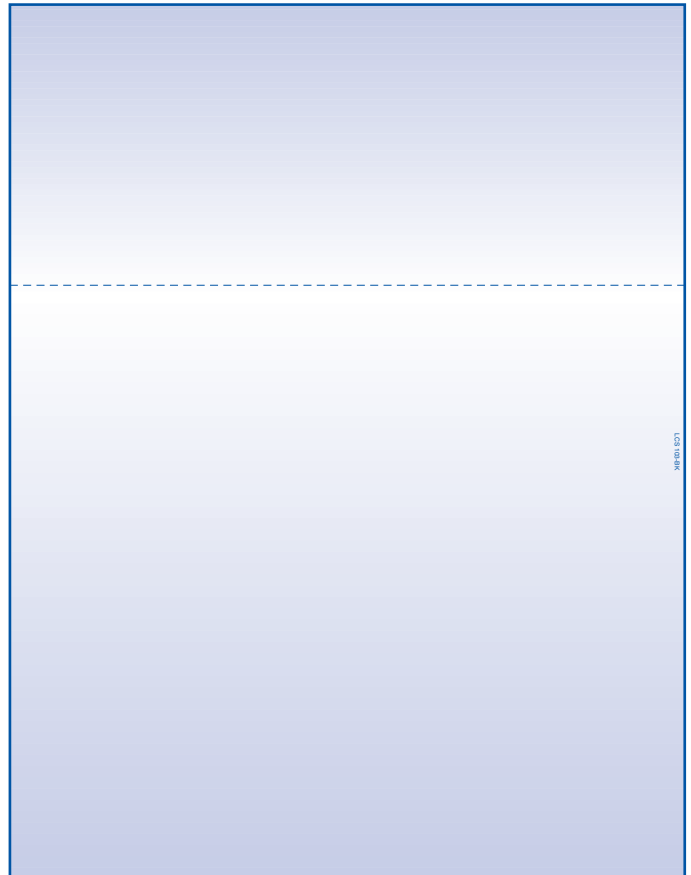
Overall Size - 8½" x 11"

Horizontal Perf. - 3<sup>9</sup>/<sub>16</sub>" TOF

Backprinting - 101-BP

Compatible Software - General Purpose

Reflex Blue Ink



### **LCS104-BK**

Overall Size - 8½" x 11"

Horizontal Perf. - 3<sup>9</sup>/<sub>16</sub>" TOF

Backprinting - 104MVD-BP

Compatible Software - General Purpose

# 208 Burgundy Ink

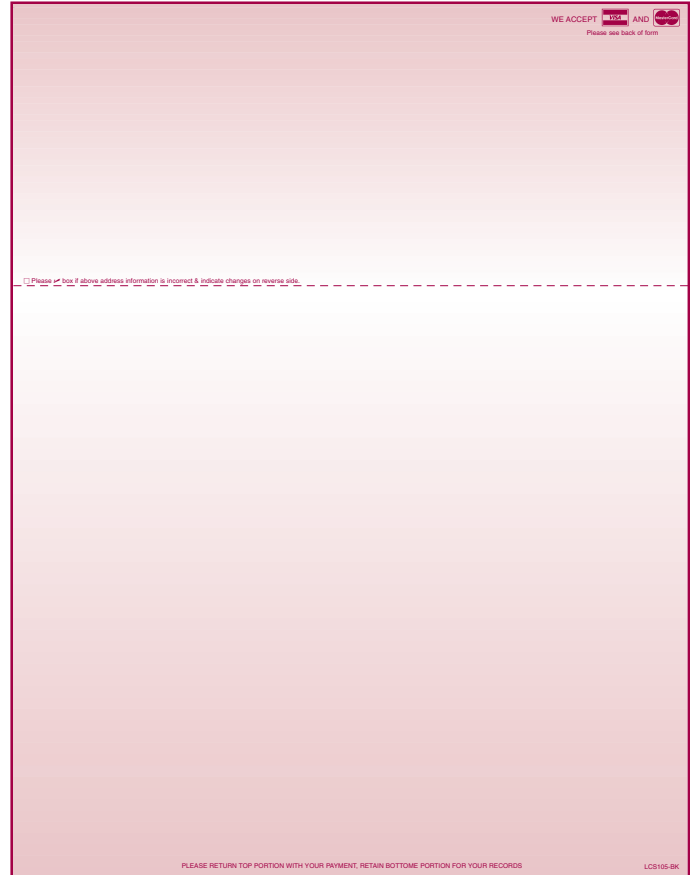
## **LCS105-BK**




Overall Size - 8½" x 11"  
Horizontal Perf. - 3⅞" TOF  
Backprinting - 101MC-BP  
Compatible Software - General Purpose  
# 208 Burgundy Ink



## **LCS106-BK**

Overall Size - 8½" x 11"  
Horizontal Perf. - 3⅞" TOF  
Backprinting - 104MVD  
Compatible Software - General Purpose  
Reflex Blue Ink

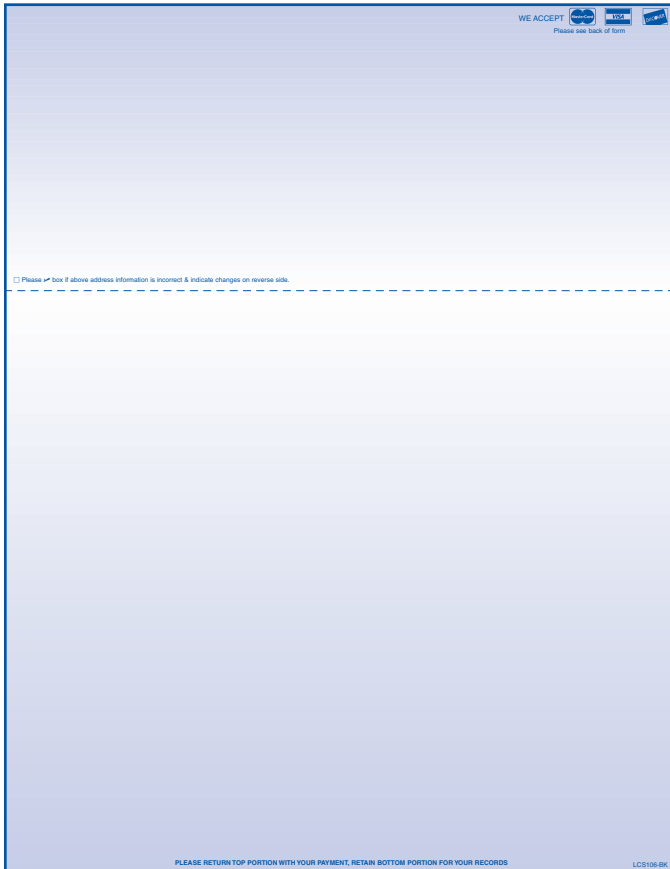





WE ACCEPT   AND   
Please see back of form

Please ✓ box if above address information is incorrect & indicate changes on reverse side.

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS

LCS105-BK

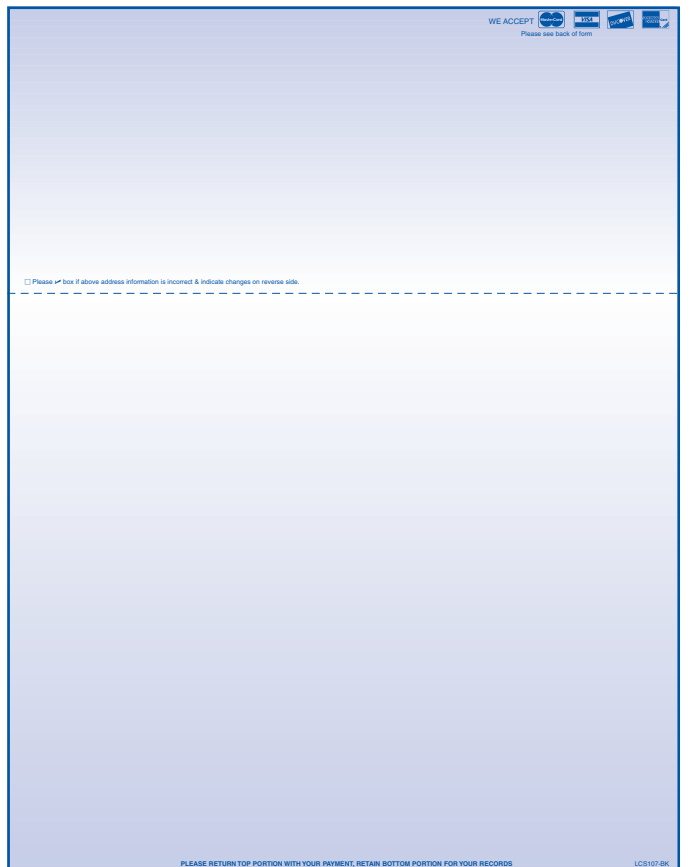





WE ACCEPT   AND   
Please see back of form

Please ✓ box if above address information is incorrect & indicate changes on reverse side.

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS

LCS106-BK



WE ACCEPT   AND   
Please see back of form

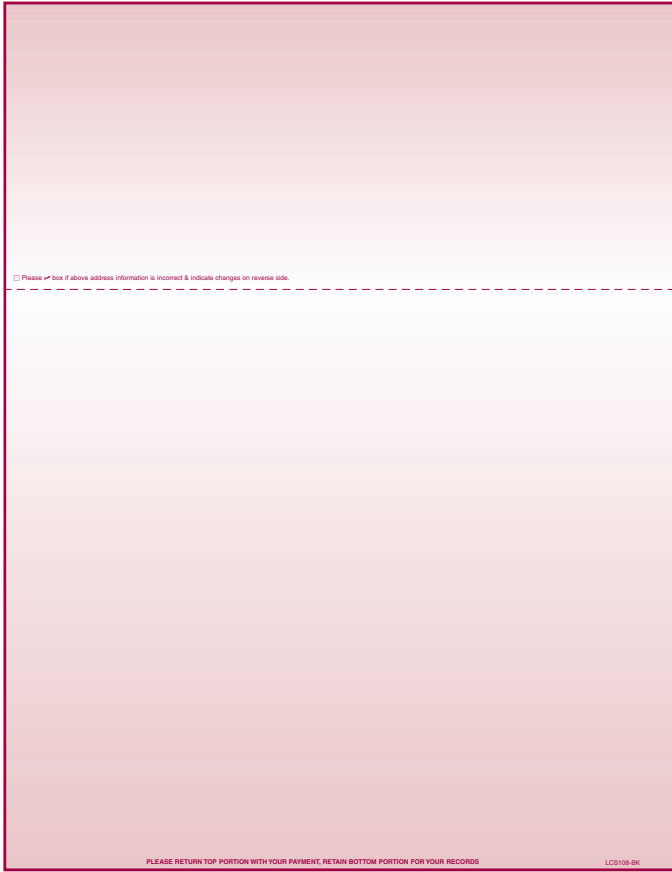
Please ✓ box if above address information is incorrect & indicate changes on reverse side.

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS

LCS107-BK

## **LCS107-BK**

Overall Size - 8½" x 11"  
Horizontal Perf. - 3⅞" TOF  
Backprinting - 107MVDA-BP  
Compatible Software - General Purpose  
Reflex Blue Ink



## **LCS108-BK**

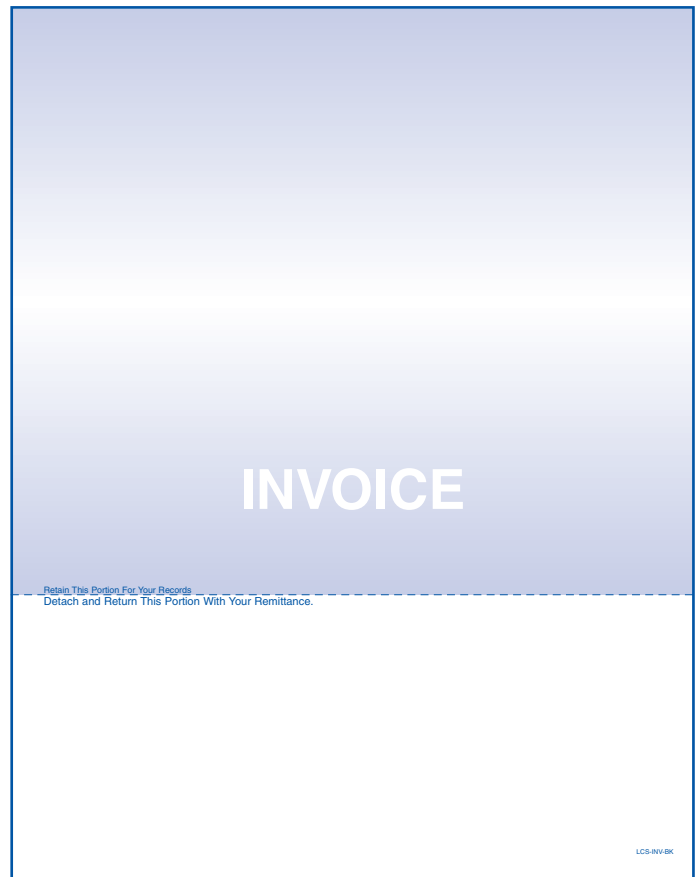
Overall Size - 8½" x 11"

Horizontal Perf. - 3<sup>9</sup>/<sub>16</sub>" TOF

Backprinting - 101-BP

Compatible Software - General Purpose

Burgundy Ink



## **LCS-INV-BK**

Overall Size - 8½" x 11"

Horizontal Perf. - 7<sup>5</sup>/<sub>16</sub>" TOF

Backprinting - None

Compatible Software - General Purpose

Reflex Blue Ink

**MAKE CHECKS PAYABLE TO:**

PHONE

**STATEMENT**  
RETURN UPPER PORTION OF STATEMENT WITH PAYMENT

PATIENT'S NAME

CLOSING DATE PAGE NO. NEW BALANCE

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT PAID HERE \$

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS		
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS

PLEASE PAY THIS AMOUNT →

◀ **CAX100L-BK**  
Overall Size - 8½" x 11"  
Horizontal Perf. - 4" TOF  
Backprinting - None  
Compatible Software - Calyx  
Compatible Envelope - RS10B or #10  
Reflex Blue & Warm Red Ink



**COB300L-BK**  
Overall Size - 8½" x 11"  
Horizontal Perf. - 3" TOF  
Backprinting - None  
Compatible Software - COBB Dental  
Compatible Envelope - N/A  
# 208 Burgundy Ink

**STATEMENT**  
CHARGES OR PAYMENTS MADE AFTER CLOSING DATE WILL APPEAR ON NEXT STATEMENT.

DETACH THIS SLIP AND RETURN WITH STATEMENT

DATE	PATIENT NAME	DR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE	
PREVIOUS BALANCE	CURRENT MONTH ACTIVITY	FINANCE CHARGE	0-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	AMOUNT

DATE ACCOUNT #

NEXT APPOINTMENT INFORMATION

Please Return This Portion With Payment

PATIENT	DATE	DESCRIPTION OF SERVICES SINCE LAST STATEMENT	AMOUNT	ESTIMATED SELF	INSURANCE SPOUSE	PATIENT PORTION
PREVIOUS BALANCE	NEW CHARGES	PAYMENTS	INTEREST & ADJUSTMENTS	NEW BALANCE	ESTIMATED INSURANCE	PAYMENT DUE

◀ **EZD101L-BK**  
Overall Size - 8½" x 11"  
Horizontal Perf. - 3 9/16" TOF  
Backprinting - None  
Compatible Software - Easy Dental  
Compatible Envelope - N/A  
# 327 Teal Ink

## MES100L-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 3½" TOF  
 Backprinting - None  
 Compatible Software - Medisoft  
 Compatible Envelope - #10  
 Reflex Blue Ink



## MES102L-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 3½" TOF  
 Backprinting - None  
 Compatible Software - Medisoft  
 Compatible Envelope - #10  
 # 208 Burgundy Ink



ACCOUNT NO.	PAGE

STATEMENT	DATE

CHARGES OR PAYMENTS AFTER THE STATEMENT DATE WILL APPEAR ON THE NEXT STATEMENT

ACCOUNT ENCLOSED
\$

CHARGES ARE DUE ON PRESENTATION OF THIS STATEMENT. PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE.

PLEASE KEEP THIS PORTION FOR YOUR RECORDS

DATE	DESCRIPTION OF SERVICES	REFERENCE	CHARGES	CREDITS

MES102L-BK

STATEMENT	
ACCOUNT NUMBER	PAGE

CHARGES OR PAYMENTS AFTER BILLING DATE WILL APPEAR ON NEXT STATEMENT

\$
AMOUNT ENCLOSED

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION. PLEASE RETURN THIS PORTION OF STATEMENT WITH PAYMENT.

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS

MES100L-BK

### STATEMENT

PLEASE MAKE CHECK PAYABLE TO

FROM:
RESPONSIBLE PARTY NAME

CLOSING DATE
ACCOUNT NUMBER
TOTAL ACCOUNT BALANCE
DUE FROM PATIENT

CHARGES OR PAYMENTS MADE AFTER CLOSING DATE WILL APPEAR ON NEXT STATEMENT.

PLEASE CHANGE ADDRESS OR TELEPHONE NO. IF INCORRECT

AMOUNT ENCLOSED

DETACH THIS STUB AND RETURN WITH PAYMENT

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	DUE FROM PATIENT	
CLOSING DATE:	ACCOUNT NUMBER							

MEM116L-BK

## MEM116L-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 3½" TOF  
 Backprinting - None  
 Compatible Software - Medical Manager  
 Compatible Envelope - #9  
 Reflex Blue & Warm Red Ink

# STOCK LASER CUT FORMS

**STATEMENT**

ACCOUNT NUMBER: \_\_\_\_\_  
 ANY CHARGES OR PAYMENTS RECEIVED AFTER THE DATE BELOW WILL APPEAR ON YOUR NEXT STATEMENT  
 CLOSING DATE:   
 BALANCE DUE:   
 AMOUNT ENCLOSED:

ANY CHANGE IN THE ABOVE ADDRESS SHOULD BE REPORTED TO OUR OFFICE

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

CLOSING DATE: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_

DATE	PATIENT	CODE	DESCRIPTION	CHARGE	CREDIT
					<b>TOTAL BALANCE</b>

THE TOTAL BALANCE IS FOR SERVICES RENDERED IN THESE PERIODS

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
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PDL01G-BK



## PDL01G-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 3½" TOF  
 Backprinting - None  
 Compatible Software - DR, Infocure  
 Compatible Envelopes - 10SS, 10MS  
 Returns - 09BL, 09GR, 09GY  
 Green & Red Ink



## PDL02B-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 3½" TOF  
 Backprinting - None  
 Compatible Software - DR, Infocure  
 Compatible Envelopes - 10SS, 10MS  
 Returns - 09BL, 09GR, 09GY  
 Process Blue & Red Ink



**STATEMENT**

ACCOUNT NUMBER: \_\_\_\_\_  
 ANY CHARGES OR PAYMENTS RECEIVED AFTER THE DATE BELOW WILL APPEAR ON YOUR NEXT STATEMENT  
 CLOSING DATE:   
 BALANCE DUE:   
 AMOUNT ENCLOSED:

ANY CHANGE IN THE ABOVE ADDRESS SHOULD BE REPORTED TO OUR OFFICE

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

CLOSING DATE: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_

DATE	PATIENT	CODE	DESCRIPTION	CHARGE	CREDIT
					<b>TOTAL BALANCE</b>

THE TOTAL BALANCE IS FOR SERVICES RENDERED IN THESE PERIODS

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
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PDL02B-BK

**STATEMENT**

ACCOUNT NUMBER: \_\_\_\_\_  
 ANY CHARGES OR PAYMENTS RECEIVED AFTER THE DATE BELOW WILL APPEAR ON YOUR NEXT STATEMENT  
 CLOSING DATE:   
 BALANCE DUE:   
 AMOUNT ENCLOSED:

BILL TO: \_\_\_\_\_ PATIENT: \_\_\_\_\_

ANY CHANGE IN THE ABOVE ADDRESS SHOULD BE REPORTED TO OUR OFFICE

PAGE: \_\_\_\_\_ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

CLOSING DATE: \_\_\_\_\_  
 ACCOUNT #: \_\_\_\_\_

DATE	CODE	DESCRIPTION	CHARGE	CREDIT
				<b>TOTAL BALANCE</b>

THE TOTAL BALANCE IS FOR SERVICES RENDERED IN THESE PERIODS

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
-----------------	--------------	--------------	--------------	---------------



## PDL03B-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 3½" TOF  
 Backprinting - None  
 Compatible Software - DR, Infocure  
 Compatible Envelopes - 10SS, 10MS  
 Returns - 09BL, 09GR, 09GY  
 Process Blue & Red Ink

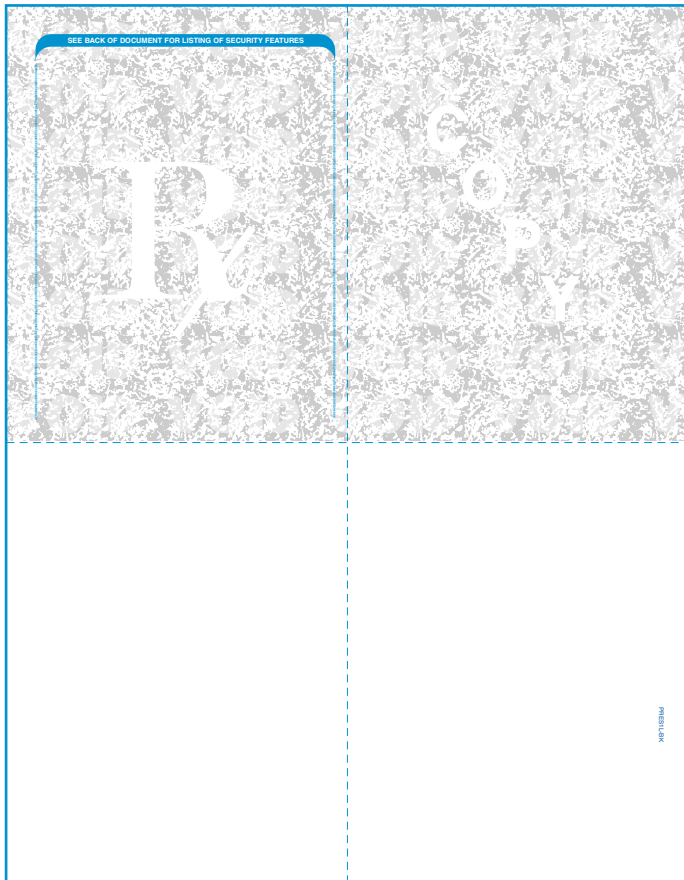
## PEC101L-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 4" TOF  
 Backprinting - PEC198-BP  
 Compatible Software - Perfect Care  
 Reflex Blue Ink



## PRES1L-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 5½" TOF Vertical Perf. - 4¼" LOF  
 Backprinting - Security Backprint  
 Compatible Software - Softdent  
 Process Blue Ink



**STATEMENT**

ACCOUNT NUMBERS BILLING DATE PAGE OFFICE USE ONLY

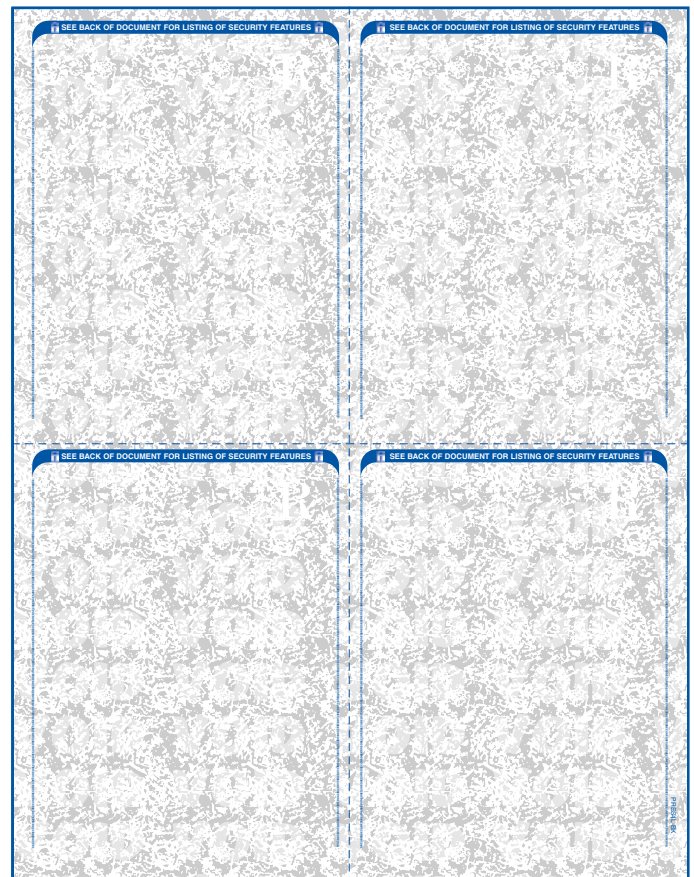
AMOUNT ENCLOSED \$

PLEASE DETACH AND RETURN TOP STUB WITH YOUR PAYMENT

SERVICE DATE	DESCRIPTION	PROV	UNITS	MEG	CHARGE	RS. PAID	ADJUSTMENT	PATIENT PAID	BALANCE DUE
MESSAGE: SEE REVERSE SIDE IF AN INSURANCE MESSAGE APPEARS									
COMMENTS									
ACCOUNT NUMBER	NEW CHARGES SINCE LAST BILL	NEW PAYMENTS SINCE LAST BILL	NEW RS. PAT. SINCE LAST BILL	CURRENT DUE	PAST DUE	FINANCE CHARGE	SCHEDULED AMOUNT		

PLEASE PAY

PEC101L-BK



## PRES4L-BK

Overall Size - 8½" x 11"  
 Horizontal Perf. - 5½" TOF  
 Vertical Perf. - 4¼" LOF  
 Backprinting - Security Backprint  
 Compatible Software - 4-up Prescription  
 Reflex Blue Ink



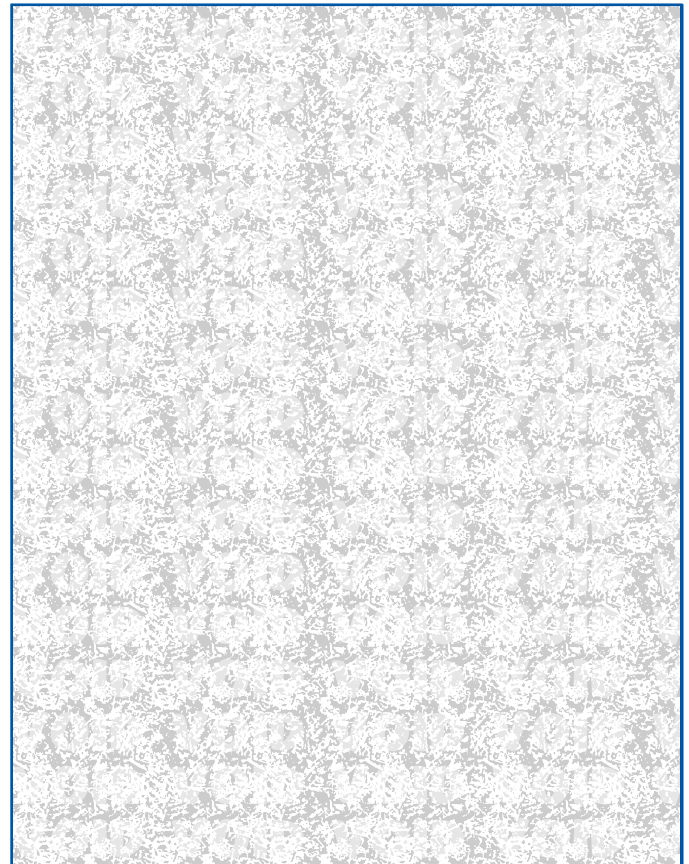
**QKN100L-BK**

Overall Size - 8½" x 11"  
 Horizontal Perf. - None  
 Backprinting - None  
 Compatible Software - Quicken, Quickbooks  
 Compatible Envelope - #10  
 Reflex Blue Ink



**SECR1L-BK**

Overall Size - 8½" x 11"  
 Horizontal Perf. - None  
 Backprinting - Security Backprint  
 Compatible Software - General Purpose  
 Reflex Blue Ink



PREVIOUS BALANCE	INSURANCE PAYMENTS	PATIENT PAYMENTS	NEW CHARGES	INSURANCE BALANCE	FINANCE CHARGE	PATIENT BALANCE
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DATE	DESCRIPTION	CHARGES	CREDITS
---	---	---	---

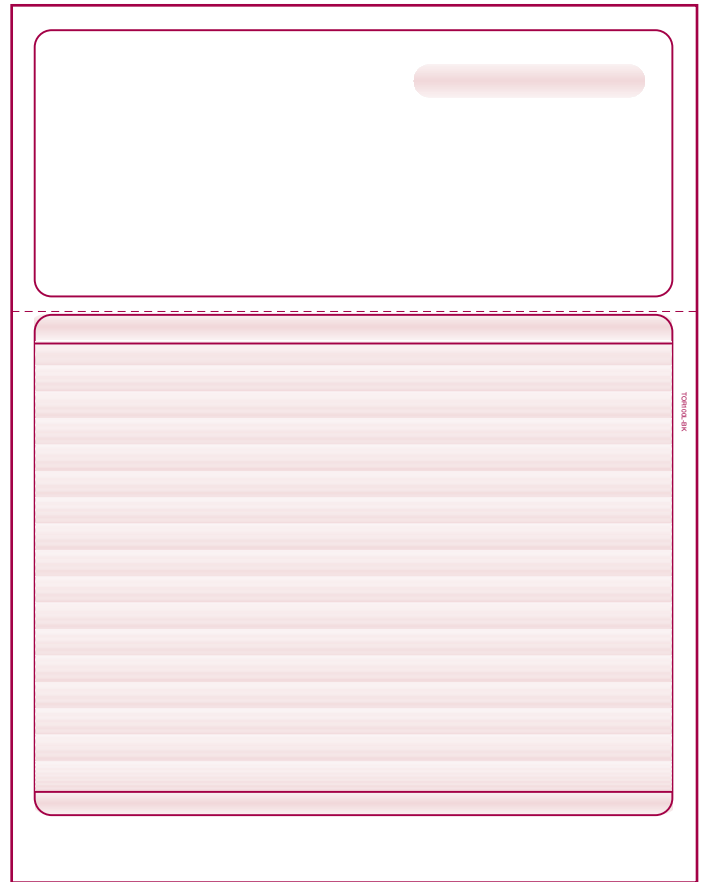
CURRENT	31-60	61-90	91-120	OVER 120
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**SOF100L-BK**

Overall Size - 8½" x 11"  
 Horizontal Perf. - 3½" TOF  
 Backprinting - None  
 Compatible Software - Softfoot  
 Compatible Envelope - #10  
 Reflex Blue Ink

**TOR100L-BK** ▶  
Overall Size - 8½" x 11"  
Horizontal Perf. - 3<sup>11</sup>/<sub>16</sub>" TOF  
Backprinting - None  
Compatible Software - Total Recall  
Compatible Envelope - RS9B  
Burgundy Ink



We also stock blank laser cut sheets with horizontal perforations.

LCS916-BK - Perforation at 3<sup>9</sup>/<sub>16</sub>" TOF.

LCS516-BK - Perforation at 3<sup>5</sup>/<sub>16</sub>" TOF.

Our Stock Laser Cut Statements are printed on 20# Laser Bond. This is a long grain sheet of paper with a low moisture content and a heavier basis weight than normal copy machine paper. A very hard & heat resistant ink is used in printing the statements.

These statements are offered in preformatted or General Purpose formats.

Please contact factory for availability of additional formats.

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

Your Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Contract No. \_\_\_\_\_  
 Other Information \_\_\_\_\_

101-BP

◀ **# 101-BP BACKPRINT**  
Change Of Address Information

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

Your Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Contract No. \_\_\_\_\_  
 Other Information \_\_\_\_\_

Please check one:  VISA  MASTERCARD

ACCOUNT NUMBER \_\_\_\_\_ Security Code # \_\_\_\_\_  
(From Back of Card)

NAME \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_  
(Print name exactly as it appears on the card.)

Amount to be charged \_\_\_\_\_ Signature \_\_\_\_\_

101MC-BP

◀ **# 101MC-BP BACKPRINT**  
Master Charge/Visa With  
Change Of Address Information.

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

Your Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Contract No. \_\_\_\_\_  
 Other Information \_\_\_\_\_

Please check one:  VISA  MASTERCARD  DISCOVER

ACCOUNT NUMBER \_\_\_\_\_ Security Code # \_\_\_\_\_  
(From Back of Card)

NAME \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_  
(Print name exactly as it appears on the card.)

Amount to be charged \_\_\_\_\_ Signature \_\_\_\_\_

104MVD-BP

◀ **# 104MVD-BP BACKPRINT**  
Master Charge/Visa/Discover With  
Change Of Address Information.

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

Your Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Contract No. \_\_\_\_\_  
 Other Information \_\_\_\_\_

Please check one:  MASTERCARD  VISA  DISCOVER  AMERICAN EXPRESS


ACCOUNT NUMBER \_\_\_\_\_ Security Code # \_\_\_\_\_

NAME \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_  
(Print name exactly as it appears on the card.)

Amount to be charged \_\_\_\_\_ Signature \_\_\_\_\_

107MVDA-BP

◀ **# 107MVDA-BP BACKPRINT**  
Master Charge/Visa/Discover/American Express  
With Change Of Address Information.



**The security features listed below, as well as those not listed, exceed industry guidelines.**

<p><b>Security Features:</b></p> <ul style="list-style-type: none"> <li>Microprint Border</li> <li>Chemical Protection</li> <li>Erasure Protection</li> <li>Authentic Ghostmark</li> <li>Fluorescent Fibers</li> </ul>	<p><b>Results of document alteration:</b></p> <ul style="list-style-type: none"> <li>• Microprint border on face not readable</li> <li>• Stains or spots appear with chemical alteration</li> <li>• White mark appears when erased</li> <li>• Authentic Ghostmark not visible when held directly to light</li> <li>• Invisible Fluorescent Fibers appear under black light</li> </ul>
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◀ **# SB BACKPRINT**  
Security Backprint Used For  
Prescription Form.