



**E|F|D|A**  
EXPANDED FUNCTIONS  
DENTAL ASSISTANT



**Additional  
Restorative II  
Preps/Teeth**

<b>AUXILIARY INFORMATION</b>		
Auxiliary Name		
Auxiliary Email		Auxiliary Cell
Supervising Doctor		
<b>Replacement Rest II Practice Preps</b>		
<input type="checkbox"/> \$65 (full set of 9)	<input type="checkbox"/> \$7 each (list qty/tooth #) _____	
<b>Replacement Ivorine Teeth</b> (due to adjacent tooth damage or loss)		
<input type="checkbox"/> \$7 each (list tooth #) _____		
<b>PAYMENT</b>		
<b>Total Amount Due \$</b>	<input type="checkbox"/> Credit Card (VISA/MC/DISC) <input type="checkbox"/> Check (Payable to MDA)	
Card Number	Exp Date	CSV
Name on Card	Signature	
ADA Membership #		
Phone	Email	
<b>CREDIT CARD BILLING ADDRESS</b> <i>Provide only if paying by credit card</i>		
Address		
City	State	Zip
<b>SHIPPING ADDRESS</b> <i>Provide only if you want items shipped to address DIFFERENT from credit card</i>		
Address		
City	State	Zip

**FAX OR MAIL CREDIT CARD PAYMENTS / MAIL FORM & CHECK PAYMENTS**

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