



622 W. Rhapsody Dr. Suite B San Antonio, TX 78216 (210) 377-2477

Account Set up form

Billing information

Doctors name: _____

Doctors License #: _____

Doing Business as: _____

Address: _____ City: _____ St: _____ Zip: _____

Office phone number: _____

Office manager: _____

Email: _____

Accounts payable contact: _____

Email: _____

Shipping Information (If different from above)

Address: _____ City: _____ St: _____ Zip: _____

Check box if you're interested in this service

☐ Yes, I would like my monthly statement via email.

Or visit our website at Jimmysorthodonticlab.com

Click on more tabs, select the required form(s), click on download.

Fill out, scan and return to us via email. Info@jolsatx.com.

Thank you!