



**ORDER OF PAYMENT
DENTAL LABORATORY**

Date: _____

Form OP 08 Revision 3

NAME OF LABORATORY: _____

ADDRESS: _____

To CASHIER: Please charge the amount of _____
(Php _____) for:

AO 2019-0004 4/30/2019 cut-off dates for received application; AO 2007-0001 dtd 1/5/2007 -renewal every 3 yrs.

AO 2008-0019 dtd.6/18/2008

(Please check the appropriate box)

	INITIAL (New/With Changes) Form 1 & Form 2	RENEWAL ** Form 2	REMARKS renewal-every 3 yrs.
<input type="checkbox"/> REGISTRATION FEE	() 200.00		
REMOVABLE PROSTHESES SERVICES	() 1,000.00	() 1,000.00	
<input type="checkbox"/> Complete Dentures	w/ 10% disc.	() 900.00	
<input type="checkbox"/> Overdentures			
<input type="checkbox"/> Orthodontic appliances			
<input type="checkbox"/> Temporo-mandibular joint appliances			
<input type="checkbox"/> Removable partial dentures without metal framework			
- Conventional acrylic dentures			
- Thermoplastic/ flexible dentures			
	() 1,500.00	() 1,500.00	
	w/ 10% disc.	() 1,350.00	
<input type="checkbox"/> Removable partial dentures with metal framework (without casting)			
<input type="checkbox"/> Special removable appliances (without casting)			
-Maxilo-facial prostheses			
-Implant-retained removable appliances			
	() 2,000.00	() 2,000.00	
	w/ 10% disc.	() 1,800.00	
<input type="checkbox"/> Removable partial dentures with metal framework			
<input type="checkbox"/> Special removable appliances			
-Maxilo-facial prostheses			
-Implant-retained removable appliances			
FIXED PROSTHESES SERVICES	() 1,000.00	() 1,000.00	
	w/ 10% disc.	() 900.00	
<input type="checkbox"/> Crown and Bridge without metal alloy substructure – metal-free crowns and bridges with ceramics, composites or resins			
	() 1,500.00	() 1,500.00	
	w/ 10% disc.	() 1,350.00	
<input type="checkbox"/> Crown and Bridge with metal alloy substructure fabrication – ceramics or resins fused to metal, or purely metal alloy (without casting)			
<input type="checkbox"/> Special Fixed Prostheses (without casting)			
-Dental attachments			
-Implant-retained fixed prostheses			
	() 2,000.00	() 2,000.00	
	w/ 10% disc.	() 1,800.00	
<input type="checkbox"/> Crown and Bridge with metal alloy substructure fabrication – ceramics or resins fused to metal, or purely metal alloy			
<input type="checkbox"/> Special Fixed Prostheses			
-Dental attachments			
-Implant-retained fixed prostheses			
REMOVABLE AND FIXED PROSTHESES SERVICES	() 2,500.00	() 2,500.00	
	w/ 10% disc.	() 2,250.00	
LIMITED SERVICES	() 1,000.00	() 1,000.00	
	w/ 10% disc.	() 900.00	
Re-Survey Fee = 100% of the LTO/COA/ATO fee for each re-survey conducted	() _____		
Other Fees, specify _____	() _____		
Penalty for Expired Authorization = 100% surcharge and gap in the validity of the authorization (if less than or equal to 3 months expired)		() _____	
For processing as initial. Application for DOH-PTC, DOH-LTO/DOH-COA shall be required (if more than 3 months expired)	() _____		
CERTIFICATION as Registered Facility	() 50.00		
TOTAL (Php)	_____	_____	

** Renewal Fee- with 10% discount from October to November if submitted complete reqmnts

Prepared by: _____

Received the above payment/s:

Name/Signature: _____

Amount: _____

Cash/PMO/Check. No. Issued _____

O.R. No. Issued _____

Date Issued: _____

Licensing Officer/Designate Staff