



Dental Solutions

1199 Lakeview Ave., Dracut, MA 01826

978-957-0409 or 978-957-0793 • Fax: 978-957-0624

Dental Hyg./Asst. Name _____

Doctor's Name _____

Address _____

	DATE	START	LUNCH OUT	LUNCH IN	FINISH	TOTAL
MON.						
TUES.						
WED.						
THURS.						
FRI.						
SAT.						
TOTAL HOURS						

The undersigned certify that the hours indicated are correct and the work completed satisfactorily.

Dentist agrees not to hire, either on a temporary or permanent basis, any hygienist / assistant supplied by Dental Solutions within 1 year from the last day worked recorded on this time card, unless the dentist pays to Dental Solutions an agency service fee as per its Schedule of Fees (Schedule of Fees available on request).

Time worked over 8½ hours per day will be billed for overtime pay.

www.DentalSolutionsStaffingAgency.com

R.D.H./Asst. Signature _____

Dentist's Signature _____

White Copy - Dental Solutions

Canary Copy - Hygienist / Assistant

Pink Copy - Dentist