



MicroCT Core University of Michigan School of Dentistry Rate Approval Application

Contact Information

Name	
Address	
Phone	
E-Mail Address	

Invoicing Information (if different from Contact)

Name	
Address	
Phone	
E-Mail Address	

By submitting this application, I approve the rate of \$96 per hour for MicroCT scanning performed at the University of Michigan School of Dentistry MicroCT Core .

Name (printed)	
Signature	
Date	

