

Progressive Environmental Services, Inc.

Refining Form for Crematories and Funeral Homes

Date: _____ Account Rep: _____

Name: _____

Address: _____

Phone: _____

Description of Materials Shipped

Unit of Measure: ____ Lbs

Material (Check All That Apply):

- Implants / Prosthetics Dental Alloy Medical Screws / Pins
 Pacemakers / Defibrillators Other

Send Check By:

- Mail FedEx Overnight (\$35) Wire (\$50)

Make Check (s) Payable To: _____