

CHARGE SLIP

Date _____

PLEASE PRESENT TO RECEPTIONIST ON LEAVING

Patient _____

Doctor _____

Doctor's Address _____

(ITEMIZED CHARGES THIS DATE)

SERVICE	DESCRIPTION	CHARGES
Office Visit		
Laboratory		
X-Ray		
Consultation		
Miscellaneous		

 CASH

TOTAL CHARGES THIS DATE _____

 CHARGE INSURANCE

THIS IS YOUR RECEIPT

OLD BALANCE	TODAYS CHARGES	PAID THIS DATE	NEW BALANCE

THIS IS YOUR STATEMENT **YOUR NEXT APPOINTMENT IS:**

DAY _____ MONTH _____ DATE _____ TIME _____

IF UNABLE TO KEEP APPOINTMENT, KINDLY GIVE 24 HOURS NOTICE