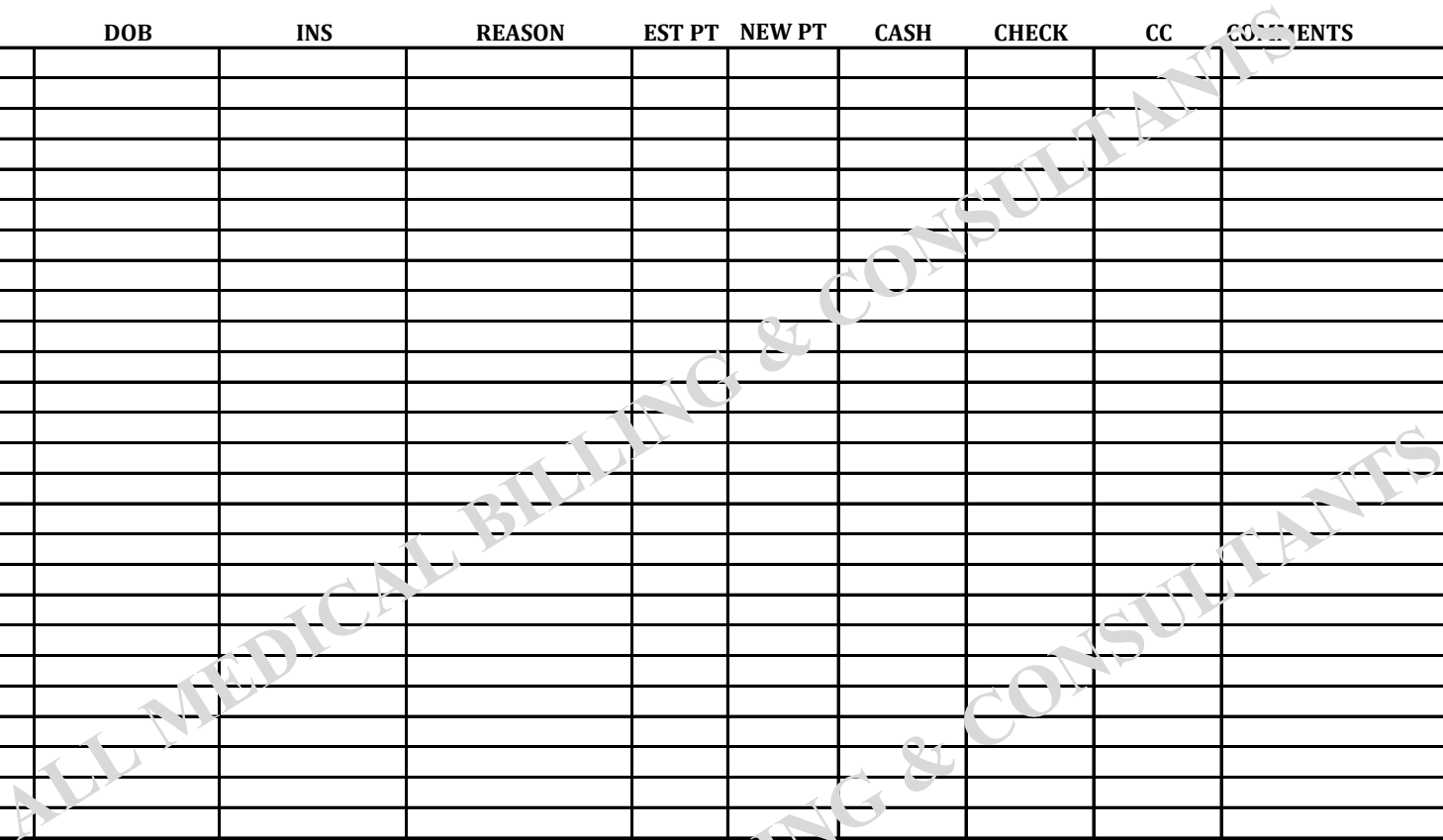


**OFFICE/CLINIC NAME**

MM/DD/YYYY

	PATIENTS NAME	DOB	INS	REASON	EST PT	NEW PT	CASH	CHECK	CC	COMMENTS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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22										
23										
24										
25										
26										
27										
28										
29										



NEW PATIENTS	<u>0</u>
ESTABLIS PATIENTS	<u>0</u>
<b>TOTAL PATIENTS</b>	<b><u>0</u></b>
CASH	<u>\$0.00</u>
CHECKS	<u>\$0.00</u>
CREDIT CARDS	<u>\$0.00</u>
<b>TOTAL PAYMENTS</b>	<b><u>\$0.00</u></b>

NAME & DOB	CASH	CHECK	CC	COMMENTS
	\$0.00	\$0.00	\$0.00	