MEDICAL RECORDS RELEASE RECEIPT

DATE RECEIVED:	
	SITE: W / S / Q / M
RECEIVED BY:	DEPT: ADULT / OBGYN / PEDI
PATIENT NAME:	
ACCOUNT #:	
PAYMENT METHOD: CASH / CREDIT CARD / CHECK	AMOUNT:
MEDICAL RECORDS RELEASE R	ECEIPT
DATE RECEIVED:	
RECEIVED BY:	SITE: W / S / Q / M
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ACCOUNT #:	
PAYMENT METHOD: CASH / CREDIT CARD / CHECK	AMOUNT:
MEDICAL RECORDS RELEASE R	ЕСЕІРТ
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PAYMENT METHOD: CASH / CREDIT CARD / CHECK	AMOUNT: