

Practice name: _____

Service ledger for dates ____/____/____ to ____/____/____

	Name	DOS	Code	DX	Payment	Check #	Other info
	<i>Sample, Sam</i>	<i>10/1/2007</i>	<i>90806</i>	<i>314.00</i>	<i>25.00</i>	<i>1234</i>	<i>New ins attached</i>
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