

Name Mrs Homer White

Address \_\_\_\_\_

Dr. \_\_\_\_\_

Date \_\_\_\_\_

Rx No. \_\_\_\_\_ Amt. 3.00

Rx No. \_\_\_\_\_ Amt. 08

Rx No. \_\_\_\_\_ Amt. \_\_\_\_\_

TOTAL \_\_\_\_\_

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TOTAL \_\_\_\_\_

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