

Statement

LAWRENCE, KANSAS, _____

M _____

In Account With

MEMORIAL HOSPITAL

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| | | |
| Operating Room | | |
| Ward and Care | | |
| Room and Care | | |
| Delivery Room | | |
| Drugs and Dressings | | |
| X-Ray | | |
| Laboratory | | |
| Electrocardiogram | | |
| Tissue Examination | | |
| Oxygen | | |
| Casts | | |
| Telephone Calls | | |
| Nursery | | |
| Miscellaneous | | |
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| | | |
| Anaesthetic Fee to be Paid to | | |
| Dr. | | |