AVON VALLEY PRACTICE THANK YOU

TERMINAL ID: MERCHANT ID:

**** 2130 ***************

VISA DEBIT ************7276 PAN SEQ NO: 00 AID: A0000000031010

ICC

SALE AMOUNT

£30.00

** CARDHOLDER COPY **
PLEASE RETAIN FOR YOUR RECORDS

PIN VERIFIED

AUTH: 030663 DATE: 30/06/17 TIME: 09:08

AVON VALLEY PRACTICE

Private Fees & Medication: VAT required

Please complete this form and send to the Office together with payment each time a drug is sold to a patient privately or NON NHS work is completed. Payment by card is preferred.

<u></u>	in brotelied.
Patient name:	T
Address:	Tom Horbury 45 Combe Lone
, iddress;	45
	to Combe Lane
D-4-	Enford.
Date:	
5.4	29.06.17
Details of Private	ofsted.
work/medication:	U) Sted.
Doctor:	
	19
Total amount to pay:	
C	
	17.30-0-
Plus half cost price	
	Price
Plus VAT at 20%	
<u> </u>	20/6
TC	TAL £ 3
\\	TAL & 30-00
Date paid	1
	30/6/17
Method of payment	CHECKE
	CHEQUE / CARD (no cash)
Receptionist initials	