

Test Clinic
3835 SE Center St.
Portland, OR 97202
Phone: (503) 234-1120, Fax: (503) 234-1119

Krusty Clown
123 Main Street
Portland, OR 97202

INVOICE

PATIENT DEMOGRAPHICS	DATE OF INVOICE
Klown, Krusty Date of Birth: 05/13/2010	February 14th, 2014

Please send a check payable to Test Clinic and mail it to:
3835 SE Center St.
Portland, OR 97202

DATE	UNITS	DESCRIPTION	CHARGE
12/06/2013	1	Testosty4, Quantity: 1, Tax: \$2.33	\$32.33
		Total Charges:	\$32.33
		Total Payments:	\$0.00
		Remaining Balance:	\$32.33