

WJE Diagnostic Laboratory

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Name: Age: Gender:		Physician: Date:			
	HEADE	RS			
Ear nings:		Deductions:	·	Deducted	Unpaid
TOTAL	0.00	TOTAL		0.00	0.00
NET PAY	0.00				
Prepared by:	Noted by:	Department Head	_ Approved by:	Division	n Head