



WJE Diagnostic Laboratory
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San Pedro Pharmacy and Diagnostic Clinic Bldg.
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Name:
Age:
Gender:

Physician:
Date:

Earnings:		Deductions:		Deducted	Unpaid
TOTAL		TOTAL		0.00	0.00

NET PAY **0.00**

Prepared by: _____ Noted by: _____ Approved by: _____
Department Head Division Head