

WJE Diagnostic Laboratory

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	Physician: Date:			
	Deductions:		Deducted	Unpaid
	Deductions:			Unpaid
0.00	TOTAL		0.00	
0.00				
Noted by:	Department Head	Approved by:	Division	
	0.00	Date: Deductions: Deductions: TOTAL 0.00 Noted by:	Deductions: Deductions: Deductions: O.00 TOTAL O.00 Noted by: Approved by:	Deductions: Deducted