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Invoice #109609
Invoice
Date: 16/11/2017

Issued to: DFO
PO Box 5667
St. John's, NL A1B 0J6

On behalf of: Lewis, Keith
NL

Patient Information:

Date of Service	Description	Provider Name & Registration Info	Total Fee/ Payment	Your Portion
15/11/2017	Workstation Review	Hopkins, Brad, BSC PT, MCPA, #000687	\$250.00	\$250.00
Total of new charges: \$250.00				
PLEASE PAY THIS AMOUNT:				\$250.00