

DATE	FAMILY MEMBER	DESCRIPTION	CHARGES	PAYMENT CREDITS	ADJ.	CURRENT BALANCE	PREVIOUS BALANCE	NAME																
<div><div>This is your RECEIPT for this amount This is a STATEMENT of your account to date</div><div><div>Dr. Frank Jones <i>Chiropractic Physician & Acupuncturist</i> Backbone Center • 1600 Limbs Ave, Suite 108 Belleville, IL 62221 - 2491 Office: (618) 236 – 4243 • Fax: (618) 236 - 4244</div><div>Services Rendered:<div><div><input type="checkbox"/> Office Visit Initial</div><div><input type="checkbox"/> Office Visit</div><div><input type="checkbox"/> Consult / Exam</div></div><div><div><input type="checkbox"/> Acupuncture</div><div><input type="checkbox"/> Auricular Therapy</div><div><input type="checkbox"/> Microcurrent FSM</div></div><div><div><input type="checkbox"/> Smoking Cessation</div><div><input type="checkbox"/> Vitamins / Supplies</div><div><input type="checkbox"/> Record Fee</div></div></div><div>Total: _____</div></div><div><div>Next Appointment: _____ M T W Th F S This time is reserved for you; a 24 hour notice is appreciated if you are unable to keep your appointment.</div><div>1001</div></div></div> <div><div>Please present this slip to the receptionist before leaving office</div><div>SERVICES RENDERED<table border="1"><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td>Total:</td><td></td></tr></tbody></table></div><div><div>Next Appointment: _____</div><div>1001</div></div></div>																							Total:	
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