

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1	00040465	11/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2	00040466	11/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3	00040467	11/11/2016	\$10.00	\$8.00	\$18.00	\$18.00	\$0.00	\$0.00	
4	00040468	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5	00040469	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6	00040470	11/11/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
7	00040471	11/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8	00040472	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
9	00040473	11/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
10	00040474	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
11	00040475	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
12	00040476	11/11/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
13	00040477	11/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
14	00040478	11/11/2016	\$40.00	\$10.00	\$50.00	\$0.00	\$0.00	\$50.00	
15	00040479	11/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
16	00040480	11/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
17	00040481	11/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
18	00040482	11/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
19	00040483	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
20	00040484	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
21	00040485	11/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
22	00040486	11/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
23	00040487	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
24	00040488	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
25	00040489	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
26	00040490	11/11/2016	\$0.00	\$4.00	\$4.00	\$4.00	\$0.00	\$0.00	

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			Consult Fee	Medicine Fee					
27	00040491	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
28	00040492	11/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
29	00040493	11/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
30	00040494	11/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
31	00040495	11/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
32	00040496	11/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
33	00040497	11/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
34	00040498	11/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
35	00040499	11/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
36	00040500	11/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
37	00040501	11/11/2016	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
38	00040502	11/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
39	00040503	11/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
40	00040504	11/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
41	00040505	11/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
42	00040506	11/11/2016	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
43	00040507	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
44	00040508	11/11/2016	\$35.00	\$0.00	\$35.00	\$0.00	\$0.00	\$35.00	
45	00040509	11/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
46	00040510	11/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
47	00040511	11/11/2016	\$11.50	\$5.00	\$16.50	\$0.00	\$0.00	\$16.50	
48	00040512	11/11/2016	\$262.00	\$6.00	\$268.00	\$0.00	\$0.00	\$268.00	
49	00040513	11/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
50	00040514	11/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
51	00040515	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
52	00040516	11/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
53	00040517	11/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
54	00040518	11/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
55	00040519	11/11/2016	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00	\$20.00	
56	00040520	11/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
57	00040521	11/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
58	00040522	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
59	00040523	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
60	00040524	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
61	00040525	11/11/2016	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
62	00040526	11/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
63	00040527	11/11/2016	\$0.00	\$97.00	\$97.00	\$0.00	\$0.00	\$97.00	
64	00040528	12/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
65	00040529	12/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
66	00040530	12/11/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
67	00040531	12/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
68	00040532	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
69	00040533	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
70	00040534	12/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
71	00040535	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
72	00040536	12/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
73	00040537	12/11/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
74	00040538	12/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
75	00040539	12/11/2016	\$0.00	\$16.00	\$16.00	\$0.00	\$0.00	\$16.00	
76	00040540	12/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
77	00040541	12/11/2016	\$0.00	\$14.00	\$14.00	\$0.00	\$0.00	\$14.00	
78	00040542	12/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

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No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
79	00040543	12/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
80	00040544	12/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
81	00040545	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
82	00040546	12/11/2016	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
83	00040547	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
84	00040548	12/11/2016	\$27.50	\$11.00	\$38.50	\$0.00	\$0.00	\$38.50	
85	00040549	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
86	00040550	12/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
87	00040551	12/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
88	00040552	12/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
89	00040553	12/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
90	00040554	12/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
91	00040555	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
92	00040556	12/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
93	00040557	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
94	00040558	12/11/2016	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
95	00040559	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
96	00040560	12/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
97	00040561	12/11/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
98	00040562	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
99	00040563	12/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
100	00040564	12/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
101	00040565	12/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
102	00040566	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
103	00040567	12/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
104	00040568	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

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No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
105	00040569	12/11/2016	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
106	00040570	12/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
107	00040571	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
108	00040572	12/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
109	00040573	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
110	00040574	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
111	00040575	12/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
112	00040576	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
113	00040577	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
114	00040578	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
115	00040579	12/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
116	00040580	12/11/2016	\$0.00	\$45.00	\$45.00	\$0.00	\$0.00	\$45.00	
117	00040581	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
118	00040582	12/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
119	00040583	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
120	00040584	12/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
121	00040585	12/11/2016	\$15.00	\$18.00	\$33.00	\$0.00	\$0.00	\$33.00	
122	00040586	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
123	00040587	12/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
124	00040588	12/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
125	00040589	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
126	00040590	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
127	00040591	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
128	00040592	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
129	00040593	12/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
130	00040594	12/11/2016	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	

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			Consult Fee	Medicine Fee					
131	00040595	12/11/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
132	00040596	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
133	00040597	12/11/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
134	00040598	12/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
135	00040599	12/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
136	00040600	12/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
137	00040601	12/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
138	00040602	12/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
139	00040603	12/11/2016	\$40.00	\$3.00	\$43.00	\$0.00	\$0.00	\$43.00	
140	00040604	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
141	00040605	12/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
142	00040606	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
143	00040607	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
144	00040608	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
145	00040609	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
146	00040610	12/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
147	00040611	12/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
148	00040612	12/11/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
149	00040613	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
150	00040614	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
151	00040615	12/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
152	00040616	12/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
153	00040617	12/11/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
154	00040618	12/11/2016	\$57.00	\$7.10	\$64.10	\$0.10	\$0.00	\$64.00	
155	00040619	12/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
156	00040620	12/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

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157	00040621	12/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
158	00040622	12/11/2016	\$0.00	\$273.00	\$273.00	\$0.00	\$0.00	\$273.00	
159	00040623	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
160	00040624	13/11/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
161	00040625	13/11/2016	\$35.00	\$12.25	\$47.25	\$0.00	\$0.00	\$47.25	
162	00040626	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
163	00040627	13/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
164	00040628	13/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
165	00040629	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
166	00040630	13/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
167	00040631	13/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
168	00040632	13/11/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
169	00040633	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
170	00040634	13/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
171	00040635	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
172	00040636	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
173	00040637	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
174	00040638	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
175	00040639	13/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
176	00040640	13/11/2016	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
177	00040641	13/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
178	00040642	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
179	00040643	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
180	00040644	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
181	00040645	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
182	00040646	13/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
183	00040647	13/11/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
184	00040648	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
185	00040649	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
186	00040650	13/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
187	00040651	13/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
188	00040652	13/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
189	00040653	13/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
190	00040654	13/11/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
191	00040655	13/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
192	00040656	13/11/2016	\$260.00	\$0.00	\$260.00	\$0.00	\$0.00	\$260.00	
193	00040657	13/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
194	00040658	13/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
195	00040659	13/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
196	00040660	13/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
197	00040661	13/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
198	00040662	13/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
199	00040663	13/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
200	00040664	13/11/2016	\$10.00	\$12.50	\$22.50	\$0.00	\$0.00	\$22.50	
201	00040665	13/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
202	00040666	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
203	00040667	13/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
204	00040668	13/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
205	00040669	13/11/2016	\$55.00	\$6.00	\$61.00	\$0.00	\$0.00	\$61.00	
206	00040670	13/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
207	00040671	13/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
208	00040672	13/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
209	00040673	13/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
210	00040674	13/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
211	00040675	13/11/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
212	00040676	13/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
213	00040677	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
214	00040678	13/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
215	00040679	13/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
216	00040680	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
217	00040681	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
218	00040682	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
219	00040683	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
220	00040684	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
221	00040685	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
222	00040686	13/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
223	00040687	13/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
224	00040688	13/11/2016	\$10.00	\$6.50	\$16.50	\$0.00	\$0.00	\$16.50	
225	00040689	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
226	00040690	13/11/2016	\$0.00	\$68.00	\$68.00	\$0.00	\$0.00	\$68.00	
227	00040691	13/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
228	00040692	16/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
229	00040693	16/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
230	00040694	16/11/2016	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
231	00040695	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
232	00040696	16/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
233	00040697	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
234	00040698	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
235	00040699	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
236	00040700	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
237	00040701	16/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
238	00040702	16/11/2016	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
239	00040703	16/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
240	00040704	16/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
241	00040705	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
242	00040706	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
243	00040707	16/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
244	00040708	16/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
245	00040709	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
246	00040710	16/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
247	00040711	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
248	00040712	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
249	00040713	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
250	00040714	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
251	00040715	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
252	00040716	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
253	00040717	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
254	00040718	16/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
255	00040719	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
256	00040720	16/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
257	00040721	16/11/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
258	00040722	16/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
259	00040723	16/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
260	00040724	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
261	00040725	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
262	00040726	16/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
263	00040727	16/11/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
264	00040728	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
265	00040729	16/11/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
266	00040730	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
267	00040731	16/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
268	00040732	16/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
269	00040733	16/11/2016	\$15.00	\$14.00	\$29.00	\$0.00	\$0.00	\$29.00	
270	00040734	16/11/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
271	00040735	16/11/2016	\$35.00	\$21.50	\$56.50	\$0.50	\$0.00	\$56.00	
272	00040736	16/11/2016	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
273	00040737	16/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
274	00040738	16/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
275	00040739	16/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
276	00040740	16/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
277	00040741	16/11/2016	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
278	00040742	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
279	00040743	16/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
280	00040744	16/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
281	00040745	16/11/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
282	00040746	16/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
283	00040747	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
284	00040748	16/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
285	00040749	16/11/2016	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
286	00040750	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
287	00040751	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
288	00040752	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
289	00040753	16/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
290	00040754	16/11/2016	\$40.00	\$9.00	\$49.00	\$0.00	\$0.00	\$49.00	
291	00040755	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
292	00040756	16/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
293	00040757	16/11/2016	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	
294	00040758	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
295	00040759	16/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
296	00040760	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
297	00040761	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
298	00040762	16/11/2016	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
299	00040763	16/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
300	00040764	16/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
301	00040765	16/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
302	00040766	16/11/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
303	00040767	16/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
304	00040768	16/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
305	00040769	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
306	00040770	16/11/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
307	00040771	16/11/2016	\$10.00	\$12.60	\$22.60	\$0.10	\$0.00	\$22.50	
308	00040772	16/11/2016	\$12.00	\$25.00	\$37.00	\$0.00	\$0.00	\$37.00	
309	00040773	16/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
310	00040774	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
311	00040775	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
312	00040776	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
313	00040777	16/11/2016	\$11.50	\$12.00	\$23.50	\$0.00	\$0.00	\$23.50	
314	00040778	16/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
315	00040779	16/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
316	00040780	16/11/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
317	00040781	16/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
318	00040782	16/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
319	00040783	16/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
320	00040784	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
321	00040785	16/11/2016	\$62.00	\$9.00	\$71.00	\$0.00	\$0.00	\$71.00	
322	00040786	16/11/2016	\$110.00	\$9.00	\$119.00	\$0.00	\$0.00	\$119.00	
323	00040787	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
324	00040788	16/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
325	00040789	16/11/2016	\$0.00	\$102.00	\$102.00	\$0.00	\$0.00	\$102.00	
326	00040790	16/11/2016	\$32.00	\$10.00	\$42.00	\$0.00	\$0.00	\$42.00	
327	00040791	16/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
328	00040792	16/11/2016	\$35.00	\$40.00	\$75.00	\$0.00	\$0.00	\$75.00	
329	00040793	16/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
330	00040794	16/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
331	00040795	16/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
332	00040796	16/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
333	00040797	16/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
334	00040798	17/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
335	00040799	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
336	00040800	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
337	00040801	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
338	00040802	17/11/2016	\$35.00	\$24.00	\$59.00	\$0.00	\$0.00	\$59.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
339	00040803	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
340	00040804	17/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
341	00040805	17/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
342	00040806	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
343	00040807	17/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
344	00040808	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
345	00040809	17/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
346	00040810	17/11/2016	\$0.00	\$19.00	\$19.00	\$0.00	\$0.00	\$19.00	
347	00040811	17/11/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
348	00040812	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
349	00040813	17/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
350	00040814	17/11/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
351	00040815	17/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
352	00040816	17/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
353	00040817	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
354	00040818	17/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
355	00040819	17/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
356	00040820	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
357	00040821	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
358	00040822	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
359	00040823	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
360	00040824	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
361	00040825	17/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
362	00040826	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
363	00040827	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
364	00040828	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
365	00040829	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
366	00040830	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
367	00040831	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
368	00040832	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
369	00040833	17/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
370	00040834	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
371	00040835	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
372	00040836	17/11/2016	\$35.00	\$24.00	\$59.00	\$0.00	\$0.00	\$59.00	
373	00040837	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
374	00040838	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
375	00040839	17/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
376	00040840	17/11/2016	\$20.00	\$7.00	\$27.00	\$0.00	\$0.00	\$27.00	
377	00040841	17/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
378	00040842	17/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
379	00040843	17/11/2016	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
380	00040844	17/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
381	00040845	17/11/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
382	00040846	17/11/2016	\$32.00	\$4.00	\$36.00	\$0.00	\$0.00	\$36.00	
383	00040847	17/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
384	00040848	17/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
385	00040849	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
386	00040850	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
387	00040851	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
388	00040852	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
389	00040853	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
390	00040854	17/11/2016	\$15.00	\$13.00	\$28.00	\$0.00	\$0.00	\$28.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
391	00040855	17/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
392	00040856	17/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
393	00040857	17/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
394	00040858	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
395	00040859	17/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
396	00040860	17/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
397	00040861	17/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
398	00040862	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
399	00040863	17/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
400	00040864	17/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
401	00040865	17/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
402	00040866	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
403	00040867	17/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
404	00040868	17/11/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
405	00040869	17/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
406	00040870	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
407	00040871	17/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
408	00040872	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
409	00040873	17/11/2016	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
410	00040874	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
411	00040875	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
412	00040876	17/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
413	00040877	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
414	00040878	17/11/2016	\$110.00	\$10.00	\$120.00	\$0.00	\$0.00	\$120.00	
415	00040879	17/11/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
416	00040880	17/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
417	00040881	17/11/2016	\$35.00	\$6.00	\$41.00	\$0.00	\$0.00	\$41.00	
418	00040882	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
419	00040883	17/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
420	00040884	17/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
421	00040885	17/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
422	00040886	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
423	00040887	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
424	00040888	17/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
425	00040889	17/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
426	00040890	17/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
427	00040891	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
428	00040892	17/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
429	00040893	17/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
430	00040894	17/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
431	00040895	17/11/2016	\$10.00	\$12.25	\$22.25	\$0.25	\$0.00	\$22.00	
432	00040896	17/11/2016	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
433	00040897	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
434	00040898	17/11/2016	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
435	00040899	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
436	00040900	17/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
437	00040901	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
438	00040902	17/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
439	00040903	17/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
440	00040904	17/11/2016	\$0.00	\$291.00	\$291.00	\$0.00	\$0.00	\$291.00	
441	00040905	18/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
442	00040906	18/11/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
443	00040907	18/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
444	00040908	18/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
445	00040909	18/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
446	00040910	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
447	00040911	18/11/2016	\$112.00	\$12.00	\$124.00	\$0.00	\$0.00	\$124.00	
448	00040912	18/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
449	00040913	18/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
450	00040914	18/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
451	00040915	18/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
452	00040916	18/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
453	00040917	18/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
454	00040918	18/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
455	00040919	18/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
456	00040920	18/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
457	00040921	18/11/2016	\$300.00	\$6.00	\$306.00	\$0.00	\$0.00	\$306.00	
458	00040922	18/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
459	00040923	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
460	00040924	18/11/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
461	00040925	18/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
462	00040926	18/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
463	00040927	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
464	00040928	18/11/2016	\$40.00	\$0.00	\$40.00	\$0.00	\$0.00	\$40.00	
465	00040929	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
466	00040930	18/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
467	00040931	18/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
468	00040932	18/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
469	00040933	18/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
470	00040934	18/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
471	00040935	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
472	00040936	18/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
473	00040937	18/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
474	00040938	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
475	00040939	18/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
476	00040940	18/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
477	00040941	18/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
478	00040942	18/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
479	00040943	18/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
480	00040944	18/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
481	00040945	18/11/2016	\$60.00	\$18.00	\$78.00	\$0.00	\$0.00	\$78.00	
482	00040946	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
483	00040947	18/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
484	00040948	18/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
485	00040949	18/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
486	00040950	18/11/2016	\$430.00	\$6.00	\$436.00	\$0.00	\$0.00	\$436.00	
487	00040951	18/11/2016	\$30.00	\$13.00	\$43.00	\$0.00	\$0.00	\$43.00	
488	00040952	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
489	00040953	18/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
490	00040954	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
491	00040955	18/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
492	00040956	18/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
493	00040957	18/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
494	00040958	18/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
495	00040959	18/11/2016	\$0.00	\$23.00	\$23.00	\$0.00	\$0.00	\$23.00	
496	00040960	18/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
497	00040961	18/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
498	00040962	18/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
499	00040963	18/11/2016	\$62.00	\$10.00	\$72.00	\$0.00	\$0.00	\$72.00	
500	00040964	18/11/2016	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
501	00040965	18/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
502	00040966	18/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
503	00040967	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
504	00040968	18/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
505	00040969	18/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
506	00040970	18/11/2016	\$10.00	\$65.00	\$75.00	\$0.00	\$0.00	\$75.00	
507	00040971	18/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
508	00040972	18/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
509	00040973	18/11/2016	\$0.00	\$137.00	\$137.00	\$0.00	\$0.00	\$137.00	
510	00040974	18/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
511	00040975	19/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
512	00040976	19/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
513	00040977	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
514	00040978	19/11/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
515	00040979	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
516	00040980	19/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
517	00040981	19/11/2016	\$10.00	\$48.00	\$58.00	\$0.00	\$0.00	\$58.00	
518	00040982	19/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
519	00040983	19/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
520	00040984	19/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
521	00040985	19/11/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
522	00040986	19/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
523	00040987	19/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
524	00040988	19/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
525	00040989	19/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
526	00040990	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
527	00040991	19/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
528	00040992	19/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
529	00040993	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
530	00040994	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
531	00040995	19/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
532	00040996	19/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
533	00040997	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
534	00040998	19/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
535	00040999	19/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
536	00041000	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
537	00041001	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
538	00041002	19/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
539	00041003	19/11/2016	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
540	00041004	19/11/2016	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
541	00041005	19/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
542	00041006	19/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
543	00041007	19/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
544	00041008	19/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
545	00041009	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
546	00041010	19/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
547	00041011	19/11/2016	\$42.00	\$3.00	\$45.00	\$0.00	\$0.00	\$45.00	
548	00041012	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
549	00041013	19/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
550	00041014	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
551	00041015	19/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
552	00041016	19/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
553	00041017	19/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
554	00041018	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
555	00041019	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
556	00041020	19/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
557	00041021	19/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
558	00041022	19/11/2016	\$15.00	\$14.00	\$29.00	\$0.00	\$0.00	\$29.00	
559	00041023	19/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
560	00041024	19/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
561	00041025	19/11/2016	\$16.50	\$11.00	\$27.50	\$0.00	\$0.00	\$27.50	
562	00041026	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
563	00041027	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
564	00041028	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
565	00041029	19/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
566	00041030	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
567	00041031	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
568	00041032	19/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
569	00041033	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
570	00041034	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
571	00041035	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
572	00041036	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
573	00041037	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
574	00041038	19/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
575	00041039	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
576	00041040	19/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
577	00041041	19/11/2016	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
578	00041042	19/11/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
579	00041043	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
580	00041044	19/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
581	00041045	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
582	00041046	19/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
583	00041047	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
584	00041048	19/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
585	00041049	19/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
586	00041050	19/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
587	00041051	19/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
588	00041052	19/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
589	00041053	19/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
590	00041054	19/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
591	00041055	19/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
592	00041056	19/11/2016	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
593	00041057	19/11/2016	\$30.00	\$22.00	\$52.00	\$0.00	\$0.00	\$52.00	
594	00041058	19/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
595	00041059	19/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
596	00041060	19/11/2016	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
597	00041061	19/11/2016	\$0.00	\$150.00	\$150.00	\$0.00	\$0.00	\$150.00	
598	00041062	19/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
599	00041063	19/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
600	00041064	19/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
601	00041065	20/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
602	00041066	20/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
603	00041067	20/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
604	00041068	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
605	00041069	20/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
606	00041070	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
607	00041071	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
608	00041072	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
609	00041073	20/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
610	00041074	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
611	00041075	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
612	00041076	20/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
613	00041077	20/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
614	00041078	20/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
615	00041079	20/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
616	00041080	20/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
617	00041081	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
618	00041082	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
619	00041083	20/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
620	00041084	20/11/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
621	00041085	20/11/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
622	00041086	20/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
623	00041087	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
624	00041088	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
625	00041089	20/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
626	00041090	20/11/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
627	00041091	20/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
628	00041092	20/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
629	00041093	20/11/2016	\$35.00	\$20.00	\$55.00	\$0.00	\$0.00	\$55.00	
630	00041094	20/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
631	00041095	20/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
632	00041096	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
633	00041097	20/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
634	00041098	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
635	00041099	20/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
636	00041100	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
637	00041101	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
638	00041102	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
639	00041103	20/11/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
640	00041104	20/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
641	00041105	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
642	00041106	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
643	00041107	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
644	00041108	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
645	00041109	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
646	00041110	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
647	00041111	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
648	00041112	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
649	00041113	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
650	00041114	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
651	00041115	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
652	00041116	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
653	00041117	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
654	00041118	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
655	00041119	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
656	00041120	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
657	00041121	20/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
658	00041122	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
659	00041123	20/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
660	00041124	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
661	00041125	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
662	00041126	20/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
663	00041127	20/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
664	00041128	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
665	00041129	20/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
666	00041130	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
667	00041131	20/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
668	00041132	20/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
669	00041133	20/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
670	00041134	20/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
671	00041135	20/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
672	00041136	20/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
673	00041137	20/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
674	00041138	20/11/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
675	00041139	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
676	00041140	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
677	00041141	20/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
678	00041142	20/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
679	00041143	20/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
680	00041144	20/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
681	00041145	20/11/2016	\$0.00	\$121.00	\$121.00	\$0.00	\$0.00	\$121.00	
682	00041146	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
683	00041147	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
684	00041148	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
685	00041149	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
686	00041150	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
687	00041151	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
688	00041152	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
689	00041153	21/11/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
690	00041154	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
691	00041155	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
692	00041156	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
693	00041157	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
694	00041158	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
695	00041159	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
696	00041160	21/11/2016	\$35.00	\$24.00	\$59.00	\$0.00	\$0.00	\$59.00	
697	00041161	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
698	00041162	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
699	00041163	21/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
700	00041164	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
701	00041165	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
702	00041166	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
703	00041167	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
704	00041168	21/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
705	00041169	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
706	00041170	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
707	00041171	21/11/2016	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
708	00041172	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
709	00041173	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
710	00041174	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
711	00041175	21/11/2016	\$35.00	\$24.00	\$59.00	\$0.00	\$0.00	\$59.00	
712	00041176	21/11/2016	\$30.00	\$17.00	\$47.00	\$0.00	\$0.00	\$47.00	
713	00041177	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
714	00041178	21/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
715	00041179	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
716	00041180	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
717	00041181	21/11/2016	\$10.00	\$5.50	\$15.50	\$0.00	\$0.00	\$15.50	
718	00041182	21/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
719	00041183	21/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
720	00041184	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
721	00041185	21/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
722	00041186	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
723	00041187	21/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
724	00041188	21/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
725	00041189	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
726	00041190	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
727	00041191	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
728	00041192	21/11/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
729	00041193	21/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
730	00041194	21/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
731	00041195	21/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
732	00041196	21/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
733	00041197	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
734	00041198	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
735	00041199	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
736	00041200	21/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
737	00041201	21/11/2016	\$25.00	\$26.00	\$51.00	\$0.00	\$0.00	\$51.00	
738	00041202	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
739	00041203	21/11/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
740	00041204	21/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
741	00041205	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
742	00041206	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
743	00041207	21/11/2016	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
744	00041208	21/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
745	00041209	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
746	00041210	21/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
747	00041211	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
748	00041212	21/11/2016	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	
749	00041213	21/11/2016	\$40.00	\$5.60	\$45.60	\$0.10	\$0.00	\$45.50	
750	00041214	21/11/2016	\$10.00	\$44.00	\$54.00	\$0.00	\$0.00	\$54.00	
751	00041215	21/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
752	00041216	21/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
753	00041217	21/11/2016	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
754	00041218	21/11/2016	\$10.00	\$8.60	\$18.60	\$0.10	\$0.00	\$18.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
755	00041219	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
756	00041220	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
757	00041221	21/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
758	00041222	21/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
759	00041223	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
760	00041224	21/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
761	00041225	21/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
762	00041226	21/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
763	00041227	21/11/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
764	00041228	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
765	00041229	21/11/2016	\$35.00	\$20.00	\$55.00	\$0.00	\$0.00	\$55.00	
766	00041230	21/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
767	00041231	21/11/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
768	00041232	21/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
769	00041233	21/11/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
770	00041234	21/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
771	00041235	21/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
772	00041236	21/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
773	00041237	21/11/2016	\$0.00	\$132.00	\$132.00	\$0.00	\$0.00	\$132.00	
774	00041238	21/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
775	00041239	21/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
776	00041240	21/11/2016	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
777	00041241	22/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
778	00041242	22/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
779	00041243	22/11/2016	\$15.00	\$18.00	\$33.00	\$0.00	\$0.00	\$33.00	
780	00041244	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
781	00041245	22/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
782	00041246	22/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
783	00041247	22/11/2016	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
784	00041248	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
785	00041249	22/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
786	00041250	22/11/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
787	00041251	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
788	00041252	22/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
789	00041253	22/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
790	00041254	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
791	00041255	22/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
792	00041256	22/11/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
793	00041257	22/11/2016	\$35.00	\$0.00	\$35.00	\$0.00	\$0.00	\$35.00	
794	00041258	22/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
795	00041259	22/11/2016	\$40.00	\$8.00	\$48.00	\$0.00	\$0.00	\$48.00	
796	00041260	22/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
797	00041261	22/11/2016	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
798	00041262	22/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
799	00041263	22/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
800	00041264	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
801	00041265	22/11/2016	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
802	00041266	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
803	00041267	22/11/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
804	00041268	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
805	00041269	22/11/2016	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
806	00041270	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
807	00041271	22/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
808	00041272	22/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
809	00041273	22/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
810	00041274	22/11/2016	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
811	00041275	22/11/2016	\$10.00	\$34.00	\$44.00	\$0.00	\$0.00	\$44.00	
812	00041276	22/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
813	00041277	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
814	00041278	22/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
815	00041279	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
816	00041280	22/11/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
817	00041281	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
818	00041282	22/11/2016	\$112.00	\$8.00	\$120.00	\$0.00	\$0.00	\$120.00	
819	00041283	22/11/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
820	00041284	22/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
821	00041285	22/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
822	00041286	22/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
823	00041287	22/11/2016	\$60.00	\$26.00	\$86.00	\$0.00	\$0.00	\$86.00	
824	00041288	22/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
825	00041289	22/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
826	00041290	22/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
827	00041291	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
828	00041292	22/11/2016	\$10.00	\$5.10	\$15.10	\$0.10	\$0.00	\$15.00	
829	00041293	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
830	00041294	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
831	00041295	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
832	00041296	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	



# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
833	00041297	22/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
834	00041298	22/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
835	00041299	22/11/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
836	00041300	22/11/2016	\$0.00	\$83.00	\$83.00	\$0.00	\$0.00	\$83.00	
837	00041301	22/11/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
838	00041302	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
839	00041303	23/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
840	00041304	23/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
841	00041305	23/11/2016	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
842	00041306	23/11/2016	\$10.00	\$3.50	\$13.50	\$0.00	\$0.00	\$13.50	
843	00041307	23/11/2016	\$40.00	\$4.50	\$44.50	\$0.00	\$0.00	\$44.50	
844	00041308	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
845	00041309	23/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
846	00041310	23/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
847	00041311	23/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
848	00041312	23/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
849	00041313	23/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
850	00041314	23/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
851	00041315	23/11/2016	\$40.00	\$3.00	\$43.00	\$0.00	\$0.00	\$43.00	
852	00041316	23/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
853	00041317	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
854	00041318	23/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
855	00041319	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
856	00041320	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
857	00041321	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
858	00041322	23/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
859	00041323	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
860	00041324	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
861	00041325	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
862	00041326	23/11/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
863	00041327	23/11/2016	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
864	00041328	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
865	00041329	23/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
866	00041330	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
867	00041331	23/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
868	00041332	23/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
869	00041333	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
870	00041334	23/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
871	00041335	23/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
872	00041336	23/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
873	00041337	23/11/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
874	00041338	23/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
875	00041339	23/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
876	00041340	23/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
877	00041341	23/11/2016	\$37.00	\$5.00	\$42.00	\$0.00	\$0.00	\$42.00	
878	00041342	23/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
879	00041343	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
880	00041344	23/11/2016	\$50.00	\$19.00	\$69.00	\$0.00	\$0.00	\$69.00	
881	00041345	23/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
882	00041346	23/11/2016	\$35.00	\$20.00	\$55.00	\$0.00	\$0.00	\$55.00	
883	00041347	23/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
884	00041348	23/11/2016	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
885	00041349	23/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
886	00041350	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
887	00041351	23/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
888	00041352	23/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
889	00041353	23/11/2016	\$132.00	\$5.00	\$137.00	\$0.00	\$0.00	\$137.00	
890	00041354	23/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
891	00041355	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
892	00041356	23/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
893	00041357	23/11/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
894	00041358	23/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
895	00041359	23/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
896	00041360	23/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
897	00041361	23/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
898	00041362	23/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
899	00041363	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
900	00041364	23/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
901	00041365	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
902	00041366	23/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
903	00041367	23/11/2016	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
904	00041368	23/11/2016	\$35.00	\$3.00	\$38.00	\$0.00	\$0.00	\$38.00	
905	00041369	23/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
906	00041370	23/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
907	00041371	23/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
908	00041372	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
909	00041373	23/11/2016	\$12.00	\$15.00	\$27.00	\$0.00	\$0.00	\$27.00	
910	00041374	23/11/2016	\$0.00	\$180.50	\$180.50	\$0.00	\$0.00	\$180.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
911	00041375	23/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
912	00041376	23/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
913	00041377	23/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
914	00041378	24/11/2016	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
915	00041379	24/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
916	00041380	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
917	00041381	24/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
918	00041382	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
919	00041383	24/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
920	00041384	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
921	00041385	24/11/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
922	00041386	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
923	00041387	24/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
924	00041388	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
925	00041389	24/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
926	00041390	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
927	00041391	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
928	00041392	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
929	00041393	24/11/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
930	00041394	24/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
931	00041395	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
932	00041396	24/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
933	00041397	24/11/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
934	00041398	24/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
935	00041399	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
936	00041400	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
937	00041401	24/11/2016	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
938	00041402	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
939	00041403	24/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
940	00041404	24/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
941	00041405	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
942	00041406	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
943	00041407	24/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
944	00041408	24/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
945	00041409	24/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
946	00041410	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
947	00041411	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
948	00041412	24/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
949	00041413	24/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
950	00041414	24/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
951	00041415	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
952	00041416	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
953	00041417	24/11/2016	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
954	00041418	24/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
955	00041419	24/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
956	00041420	24/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
957	00041421	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
958	00041422	24/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
959	00041423	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
960	00041424	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
961	00041425	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
962	00041426	24/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
963	00041427	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
964	00041428	24/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
965	00041429	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
966	00041430	24/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
967	00041431	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
968	00041432	24/11/2016	\$10.00	\$6.10	\$16.10	\$0.00	\$0.00	\$16.10	
969	00041433	24/11/2016	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
970	00041434	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
971	00041435	24/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
972	00041436	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
973	00041437	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
974	00041438	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
975	00041439	24/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
976	00041440	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
977	00041441	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
978	00041442	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
979	00041443	24/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
980	00041444	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
981	00041445	24/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
982	00041446	24/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
983	00041447	24/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
984	00041448	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
985	00041449	24/11/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
986	00041450	24/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
987	00041451	24/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
988	00041452	24/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
989	00041453	24/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
990	00041454	24/11/2016	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
991	00041455	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
992	00041456	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
993	00041457	24/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
994	00041458	24/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
995	00041459	24/11/2016	\$0.00	\$95.00	\$95.00	\$0.00	\$0.00	\$95.00	
996	00041460	24/11/2016	\$11.50	\$0.00	\$11.50	\$0.00	\$0.00	\$11.50	
997	00041461	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
998	00041462	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
999	00041463	25/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1000	00041464	25/11/2016	\$15.00	\$16.00	\$31.00	\$0.00	\$0.00	\$31.00	
1001	00041465	25/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1002	00041466	25/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1003	00041467	25/11/2016	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
1004	00041468	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1005	00041469	25/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1006	00041470	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1007	00041471	25/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1008	00041472	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1009	00041473	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1010	00041474	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1011	00041475	25/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1012	00041476	25/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1013	00041477	25/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1014	00041478	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1015	00041479	25/11/2016	\$15.00	\$11.00	\$26.00	\$0.00	\$0.00	\$26.00	
1016	00041480	25/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1017	00041481	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1018	00041482	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1019	00041483	25/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1020	00041484	25/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1021	00041485	25/11/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
1022	00041486	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1023	00041487	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1024	00041488	25/11/2016	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
1025	00041489	25/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1026	00041490	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1027	00041491	25/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1028	00041492	25/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1029	00041493	25/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1030	00041494	25/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1031	00041495	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1032	00041496	25/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1033	00041497	25/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1034	00041498	25/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1035	00041499	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1036	00041500	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1037	00041501	25/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1038	00041502	25/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1039	00041503	25/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1040	00041504	25/11/2016	\$112.00	\$14.00	\$126.00	\$0.00	\$0.00	\$126.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1041	00041505	25/11/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
1042	00041506	25/11/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
1043	00041507	25/11/2016	\$35.00	\$10.00	\$45.00	\$0.00	\$0.00	\$45.00	
1044	00041508	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1045	00041509	25/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1046	00041510	25/11/2016	\$30.00	\$20.50	\$50.50	\$0.00	\$0.00	\$50.50	
1047	00041511	25/11/2016	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
1048	00041512	25/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1049	00041513	25/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1050	00041514	25/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1051	00041515	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1052	00041516	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1053	00041517	25/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1054	00041518	25/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1055	00041519	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1056	00041520	25/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1057	00041521	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1058	00041522	25/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1059	00041523	25/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1060	00041524	25/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1061	00041525	25/11/2016	\$112.00	\$8.00	\$120.00	\$0.00	\$0.00	\$120.00	
1062	00041526	25/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1063	00041527	25/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1064	00041528	25/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1065	00041529	25/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1066	00041530	25/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1067	00041531	25/11/2016	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
1068	00041532	25/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1069	00041533	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1070	00041534	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1071	00041535	25/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1072	00041536	25/11/2016	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
1073	00041537	25/11/2016	\$0.00	\$139.00	\$139.00	\$0.00	\$0.00	\$139.00	
1074	00041538	26/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1075	00041539	26/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1076	00041540	26/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1077	00041541	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1078	00041542	26/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1079	00041543	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1080	00041544	26/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1081	00041545	26/11/2016	\$110.00	\$4.00	\$114.00	\$0.00	\$0.00	\$114.00	
1082	00041546	26/11/2016	\$10.00	\$51.00	\$61.00	\$0.00	\$0.00	\$61.00	
1083	00041547	26/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1084	00041548	26/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1085	00041549	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1086	00041550	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1087	00041551	26/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1088	00041552	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1089	00041553	26/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1090	00041554	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1091	00041555	26/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1092	00041556	26/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1093	00041557	26/11/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
1094	00041558	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1095	00041559	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1096	00041560	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1097	00041561	26/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1098	00041562	26/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1099	00041563	26/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1100	00041564	26/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1101	00041565	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1102	00041566	26/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1103	00041567	26/11/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
1104	00041568	26/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1105	00041569	26/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1106	00041570	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1107	00041571	26/11/2016	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00	
1108	00041572	26/11/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
1109	00041573	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1110	00041574	26/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1111	00041575	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1112	00041576	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1113	00041577	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1114	00041578	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1115	00041579	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1116	00041580	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1117	00041581	26/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1118	00041582	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1119	00041583	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1120	00041584	26/11/2016	\$10.00	\$12.50	\$22.50	\$0.00	\$0.00	\$22.50	
1121	00041585	26/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1122	00041586	26/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1123	00041587	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1124	00041588	26/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1125	00041589	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1126	00041590	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1127	00041591	26/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1128	00041592	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1129	00041593	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1130	00041594	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1131	00041595	26/11/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
1132	00041596	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1133	00041597	26/11/2016	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
1134	00041598	26/11/2016	\$0.00	\$4.00	\$4.00	\$4.00	\$0.00	\$0.00	
1135	00041599	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1136	00041600	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1137	00041601	26/11/2016	\$10.00	\$16.00	\$26.00	\$1.00	\$0.00	\$25.00	
1138	00041602	26/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1139	00041603	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1140	00041604	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1141	00041605	26/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1142	00041606	26/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1143	00041607	26/11/2016	\$12.00	\$9.00	\$21.00	\$0.00	\$0.00	\$21.00	
1144	00041608	26/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1145	00041609	26/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1146	00041610	26/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1147	00041611	26/11/2016	\$57.00	\$5.00	\$62.00	\$0.00	\$0.00	\$62.00	
1148	00041612	26/11/2016	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
1149	00041613	26/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1150	00041614	26/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1151	00041615	26/11/2016	\$35.00	\$7.00	\$42.00	\$0.00	\$0.00	\$42.00	
1152	00041616	26/11/2016	\$0.00	\$116.00	\$116.00	\$116.00	\$0.00	\$0.00	
1153	00041617	27/11/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
1154	00041618	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1155	00041619	27/11/2016	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
1156	00041620	27/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1157	00041621	27/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
1158	00041622	27/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1159	00041623	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1160	00041624	27/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1161	00041625	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1162	00041626	27/11/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
1163	00041627	27/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1164	00041628	27/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1165	00041629	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1166	00041630	27/11/2016	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
1167	00041631	27/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1168	00041632	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1169	00041633	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1170	00041634	27/11/2016	\$12.00	\$22.00	\$34.00	\$0.00	\$0.00	\$34.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1171	00041635	27/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1172	00041636	27/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1173	00041637	27/11/2016	\$32.00	\$25.00	\$57.00	\$0.00	\$0.00	\$57.00	
1174	00041638	27/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
1175	00041639	27/11/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
1176	00041640	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1177	00041641	27/11/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
1178	00041642	27/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1179	00041643	27/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1180	00041644	27/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1181	00041645	27/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1182	00041646	27/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1183	00041647	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1184	00041648	27/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1185	00041649	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1186	00041650	27/11/2016	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
1187	00041651	27/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1188	00041652	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1189	00041653	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1190	00041654	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1191	00041655	27/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1192	00041656	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1193	00041657	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1194	00041658	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1195	00041659	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1196	00041660	27/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1197	00041661	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1198	00041662	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1199	00041663	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1200	00041664	27/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1201	00041665	27/11/2016	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
1202	00041666	27/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1203	00041667	27/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1204	00041668	27/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
1205	00041669	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1206	00041670	27/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1207	00041671	27/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1208	00041672	27/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1209	00041673	27/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1210	00041674	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1211	00041675	27/11/2016	\$10.00	\$20.20	\$30.20	\$0.20	\$0.00	\$30.00	
1212	00041676	27/11/2016	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
1213	00041677	27/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1214	00041678	27/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1215	00041679	27/11/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
1216	00041680	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1217	00041681	27/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1218	00041682	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1219	00041683	27/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1220	00041684	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1221	00041685	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1222	00041686	27/11/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1223	00041687	27/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1224	00041688	27/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1225	00041689	27/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1226	00041690	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1227	00041691	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1228	00041692	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1229	00041693	27/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1230	00041694	27/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1231	00041695	27/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1232	00041696	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1233	00041697	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1234	00041698	27/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1235	00041699	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1236	00041700	27/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1237	00041701	27/11/2016	\$0.00	\$219.00	\$219.00	\$0.00	\$0.00	\$219.00	
1238	00041702	27/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1239	00041703	27/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1240	00041704	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1241	00041705	27/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1242	00041706	27/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1243	00041707	27/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1244	00041708	28/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1245	00041709	28/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
1246	00041710	28/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1247	00041711	28/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1248	00041712	28/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1249	00041713	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1250	00041714	28/11/2016	\$0.00	\$11.00	\$11.00	\$11.00	\$0.00	\$0.00	
1251	00041715	28/11/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
1252	00041716	28/11/2016	\$0.00	\$8.00	\$8.00	\$8.00	\$0.00	\$0.00	
1253	00041717	28/11/2016	\$110.00	\$9.00	\$119.00	\$0.00	\$0.00	\$119.00	
1254	00041718	28/11/2016	\$60.00	\$8.00	\$68.00	\$0.00	\$0.00	\$68.00	
1255	00041719	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1256	00041720	28/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1257	00041721	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1258	00041722	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1259	00041723	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1260	00041724	28/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1261	00041725	28/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1262	00041726	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1263	00041727	28/11/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
1264	00041728	28/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1265	00041729	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1266	00041730	28/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1267	00041731	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1268	00041732	28/11/2016	\$35.00	\$24.00	\$59.00	\$0.00	\$0.00	\$59.00	
1269	00041733	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1270	00041734	28/11/2016	\$40.00	\$12.00	\$52.00	\$0.00	\$0.00	\$52.00	
1271	00041735	28/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1272	00041736	28/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1273	00041737	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1274	00041738	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1275	00041739	28/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1276	00041740	28/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1277	00041741	28/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1278	00041742	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1279	00041743	28/11/2016	\$10.00	\$13.50	\$23.50	\$0.00	\$0.00	\$23.50	
1280	00041744	28/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1281	00041745	28/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1282	00041746	28/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1283	00041747	28/11/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1284	00041748	28/11/2016	\$20.00	\$21.00	\$41.00	\$0.00	\$0.00	\$41.00	
1285	00041749	28/11/2016	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
1286	00041750	28/11/2016	\$35.00	\$4.00	\$39.00	\$0.00	\$0.00	\$39.00	
1287	00041751	28/11/2016	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
1288	00041752	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1289	00041753	28/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1290	00041754	28/11/2016	\$35.00	\$4.50	\$39.50	\$0.00	\$0.00	\$39.50	
1291	00041755	28/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1292	00041756	28/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1293	00041757	28/11/2016	\$0.00	\$12.00	\$12.00	\$0.00	\$0.00	\$12.00	
1294	00041758	28/11/2016	\$11.50	\$5.00	\$16.50	\$0.00	\$0.00	\$16.50	
1295	00041759	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1296	00041760	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1297	00041761	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1298	00041762	28/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1299	00041763	28/11/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
1300	00041764	28/11/2016	\$10.00	\$12.00	\$22.00	\$2.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1301	00041765	28/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1302	00041766	28/11/2016	\$32.00	\$11.00	\$43.00	\$0.00	\$0.00	\$43.00	
1303	00041767	28/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1304	00041768	28/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1305	00041769	28/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1306	00041770	28/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1307	00041771	28/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1308	00041772	28/11/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
1309	00041773	28/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
1310	00041774	28/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1311	00041775	28/11/2016	\$25.00	\$8.00	\$33.00	\$0.00	\$0.00	\$33.00	
1312	00041776	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1313	00041777	28/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1314	00041778	28/11/2016	\$40.00	\$11.00	\$51.00	\$0.00	\$0.00	\$51.00	
1315	00041779	28/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1316	00041780	28/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1317	00041781	28/11/2016	\$45.00	\$21.00	\$66.00	\$0.00	\$0.00	\$66.00	
1318	00041782	28/11/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
1319	00041783	28/11/2016	\$0.00	\$21.50	\$21.50	\$0.00	\$0.00	\$21.50	
1320	00041784	28/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1321	00041785	28/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1322	00041786	28/11/2016	\$25.00	\$21.00	\$46.00	\$0.00	\$0.00	\$46.00	
1323	00041787	28/11/2016	\$32.00	\$20.00	\$52.00	\$0.00	\$0.00	\$52.00	
1324	00041788	28/11/2016	\$0.00	\$212.00	\$212.00	\$0.00	\$0.00	\$212.00	
1325	00041789	29/11/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
1326	00041790	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1327	00041791	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1328	00041792	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1329	00041793	29/11/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
1330	00041794	29/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1331	00041795	29/11/2016	\$11.50	\$19.00	\$30.50	\$1.00	\$0.00	\$29.50	
1332	00041796	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1333	00041797	29/11/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
1334	00041798	29/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1335	00041799	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1336	00041800	29/11/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
1337	00041801	29/11/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1338	00041802	29/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1339	00041803	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1340	00041804	29/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1341	00041805	29/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1342	00041806	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1343	00041807	29/11/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
1344	00041808	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1345	00041809	29/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1346	00041810	29/11/2016	\$40.00	\$8.00	\$48.00	\$0.00	\$0.00	\$48.00	
1347	00041811	29/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1348	00041812	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1349	00041813	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1350	00041814	29/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1351	00041815	29/11/2016	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
1352	00041816	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1353	00041817	29/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1354	00041818	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1355	00041819	29/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1356	00041820	29/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1357	00041821	29/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1358	00041822	29/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1359	00041823	29/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1360	00041824	29/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1361	00041825	29/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1362	00041826	29/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1363	00041827	29/11/2016	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
1364	00041828	29/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1365	00041829	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1366	00041830	29/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1367	00041831	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1368	00041832	29/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1369	00041833	29/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1370	00041834	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1371	00041835	29/11/2016	\$11.50	\$13.00	\$24.50	\$0.00	\$0.00	\$24.50	
1372	00041836	29/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1373	00041837	29/11/2016	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
1374	00041838	29/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1375	00041839	29/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1376	00041840	29/11/2016	\$62.00	\$9.00	\$71.00	\$0.00	\$0.00	\$71.00	
1377	00041841	29/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1378	00041842	29/11/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1379	00041843	29/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1380	00041844	29/11/2016	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
1381	00041845	29/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1382	00041846	29/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1383	00041847	29/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1384	00041848	29/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1385	00041849	29/11/2016	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
1386	00041850	29/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1387	00041851	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1388	00041852	29/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1389	00041853	29/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1390	00041854	29/11/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
1391	00041855	29/11/2016	\$0.00	\$200.00	\$200.00	\$0.00	\$0.00	\$200.00	
1392	00041856	30/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1393	00041857	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1394	00041858	30/11/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
1395	00041859	30/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1396	00041860	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1397	00041861	30/11/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1398	00041862	30/11/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
1399	00041863	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1400	00041864	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1401	00041865	30/11/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
1402	00041866	30/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1403	00041867	30/11/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
1404	00041868	30/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1405	00041869	30/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1406	00041870	30/11/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
1407	00041871	30/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1408	00041872	30/11/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1409	00041873	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1410	00041874	30/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1411	00041875	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1412	00041876	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1413	00041877	30/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1414	00041878	30/11/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
1415	00041879	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1416	00041880	30/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1417	00041881	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1418	00041882	30/11/2016	\$20.00	\$4.00	\$24.00	\$0.00	\$0.00	\$24.00	
1419	00041883	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1420	00041884	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1421	00041885	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1422	00041886	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1423	00041887	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1424	00041888	30/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1425	00041889	30/11/2016	\$10.00	\$34.00	\$44.00	\$0.00	\$0.00	\$44.00	
1426	00041890	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1427	00041891	30/11/2016	\$12.00	\$9.00	\$21.00	\$0.00	\$0.00	\$21.00	
1428	00041892	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1429	00041893	30/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1430	00041894	30/11/2016	\$0.00	\$16.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1431	00041895	30/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1432	00041896	30/11/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1433	00041897	30/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1434	00041898	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1435	00041899	30/11/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1436	00041900	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1437	00041901	30/11/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1438	00041902	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1439	00041903	30/11/2016	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
1440	00041904	30/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1441	00041905	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1442	00041906	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1443	00041907	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1444	00041908	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1445	00041909	30/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1446	00041910	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1447	00041911	30/11/2016	\$10.00	\$4.50	\$14.50	\$0.00	\$0.00	\$14.50	
1448	00041912	30/11/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1449	00041913	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1450	00041914	30/11/2016	\$11.50	\$3.00	\$14.50	\$0.00	\$0.00	\$14.50	
1451	00041915	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1452	00041916	30/11/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1453	00041917	30/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1454	00041918	30/11/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1455	00041919	30/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1456	00041920	30/11/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1457	00041921	30/11/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1458	00041922	30/11/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
1459	00041923	30/11/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1460	00041924	30/11/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1461	00041925	30/11/2016	\$32.00	\$10.00	\$42.00	\$0.00	\$0.00	\$42.00	
1462	00041926	30/11/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1463	00041927	30/11/2016	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
1464	00041928	30/11/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1465	00041929	30/11/2016	\$0.00	\$176.00	\$176.00	\$0.00	\$0.00	\$176.00	
1466	00041930	30/11/2016	\$30.00	\$20.00	\$50.00	\$0.00	\$0.00	\$50.00	
1467	00041931	01/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1468	00041932	01/12/2016	\$10.00	\$10.00	\$20.00	\$20.00	\$0.00	\$0.00	
1469	00041933	01/12/2016	\$0.00	\$7.00	\$7.00	\$7.00	\$0.00	\$0.00	
1470	00041934	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1471	00041935	01/12/2016	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
1472	00041936	01/12/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
1473	00041937	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1474	00041938	01/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1475	00041939	01/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1476	00041940	01/12/2016	\$10.00	\$50.00	\$60.00	\$0.00	\$0.00	\$60.00	
1477	00041941	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1478	00041942	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1479	00041943	01/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1480	00041944	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1481	00041945	01/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1482	00041946	01/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1483	00041947	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1484	00041948	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1485	00041949	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1486	00041950	01/12/2016	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
1487	00041951	01/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1488	00041952	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1489	00041953	01/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1490	00041954	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1491	00041955	01/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1492	00041956	01/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1493	00041957	01/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1494	00041958	01/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1495	00041959	01/12/2016	\$10.00	\$41.00	\$51.00	\$0.00	\$0.00	\$51.00	
1496	00041960	01/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1497	00041961	01/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1498	00041962	01/12/2016	\$0.00	\$821.40	\$821.40	\$821.40	\$0.00	\$0.00	
1499	00041963	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1500	00041964	01/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1501	00041965	01/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1502	00041966	01/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1503	00041967	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1504	00041968	01/12/2016	\$35.00	\$22.60	\$57.60	\$0.10	\$0.00	\$57.50	
1505	00041969	01/12/2016	\$110.00	\$17.00	\$127.00	\$0.00	\$0.00	\$127.00	
1506	00041970	01/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1507	00041971	01/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1508	00041972	01/12/2016	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1509	00041973	01/12/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
1510	00041974	01/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1511	00041975	01/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1512	00041976	01/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1513	00041977	01/12/2016	\$30.00	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00	
1514	00041978	01/12/2016	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
1515	00041979	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1516	00041980	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1517	00041981	01/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1518	00041982	01/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1519	00041983	01/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1520	00041984	01/12/2016	\$35.00	\$6.00	\$41.00	\$0.00	\$0.00	\$41.00	
1521	00041985	01/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1522	00041986	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1523	00041987	01/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1524	00041988	01/12/2016	\$410.00	\$6.00	\$416.00	\$0.00	\$0.00	\$416.00	
1525	00041989	01/12/2016	\$0.00	\$12.00	\$12.00	\$12.00	\$0.00	\$0.00	
1526	00041990	01/12/2016	\$30.00	\$4.00	\$34.00	\$0.00	\$0.00	\$34.00	
1527	00041991	01/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1528	00041992	01/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1529	00041993	01/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1530	00041994	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1531	00041995	01/12/2016	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	
1532	00041996	01/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1533	00041997	01/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1534	00041998	01/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1535	00041999	01/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1536	00042000	01/12/2016	\$0.00	\$191.00	\$191.00	\$0.00	\$0.00	\$191.00	
1537	00042001	02/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1538	00042002	02/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1539	00042003	02/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1540	00042004	02/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1541	00042005	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1542	00042006	02/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1543	00042007	02/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1544	00042008	02/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1545	00042009	02/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1546	00042010	02/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1547	00042011	02/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1548	00042012	02/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1549	00042013	02/12/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
1550	00042014	02/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1551	00042015	02/12/2016	\$10.00	\$54.00	\$64.00	\$0.00	\$0.00	\$64.00	
1552	00042016	02/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
1553	00042017	02/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1554	00042018	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1555	00042019	02/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1556	00042020	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1557	00042021	02/12/2016	\$60.00	\$8.00	\$68.00	\$0.00	\$0.00	\$68.00	
1558	00042022	02/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
1559	00042023	02/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1560	00042024	02/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1561	00042025	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1562	00042026	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1563	00042027	02/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1564	00042028	02/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1565	00042029	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1566	00042030	02/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1567	00042031	02/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1568	00042032	02/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1569	00042033	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1570	00042034	02/12/2016	\$180.00	\$6.00	\$186.00	\$0.00	\$0.00	\$186.00	
1571	00042035	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1572	00042036	02/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1573	00042037	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1574	00042038	02/12/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
1575	00042039	02/12/2016	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
1576	00042040	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1577	00042041	02/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1578	00042042	02/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1579	00042043	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1580	00042044	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1581	00042045	02/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1582	00042046	02/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1583	00042047	02/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1584	00042048	02/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1585	00042049	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1586	00042050	02/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1587	00042051	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1588	00042052	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1589	00042053	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1590	00042054	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1591	00042055	02/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1592	00042056	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1593	00042057	02/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
1594	00042058	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1595	00042059	02/12/2016	\$32.00	\$10.00	\$42.00	\$0.00	\$0.00	\$42.00	
1596	00042060	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1597	00042061	02/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1598	00042062	02/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1599	00042063	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1600	00042064	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1601	00042065	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1602	00042066	02/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1603	00042067	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1604	00042068	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1605	00042069	02/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
1606	00042070	02/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1607	00042071	02/12/2016	\$12.00	\$7.00	\$19.00	\$0.00	\$0.00	\$19.00	
1608	00042072	02/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1609	00042073	02/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1610	00042074	02/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1611	00042075	02/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1612	00042076	02/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1613	00042077	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1614	00042078	02/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1615	00042079	02/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1616	00042080	02/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1617	00042081	02/12/2016	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
1618	00042082	02/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1619	00042083	02/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
1620	00042084	02/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1621	00042085	02/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1622	00042086	02/12/2016	\$0.00	\$193.00	\$193.00	\$0.00	\$0.00	\$193.00	
1623	00042087	03/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1624	00042088	03/12/2016	\$62.00	\$5.00	\$67.00	\$0.00	\$0.00	\$67.00	
1625	00042089	03/12/2016	\$12.00	\$12.00	\$24.00	\$0.00	\$0.00	\$24.00	
1626	00042090	03/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1627	00042091	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1628	00042092	03/12/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
1629	00042093	03/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1630	00042094	03/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1631	00042095	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1632	00042096	03/12/2016	\$10.00	\$115.00	\$125.00	\$0.00	\$0.00	\$125.00	
1633	00042097	03/12/2016	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
1634	00042098	03/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1635	00042099	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1636	00042100	03/12/2016	\$12.00	\$25.00	\$37.00	\$0.00	\$0.00	\$37.00	
1637	00042101	03/12/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
1638	00042102	03/12/2016	\$185.00	\$6.00	\$191.00	\$0.00	\$0.00	\$191.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1639	00042103	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1640	00042104	03/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
1641	00042105	03/12/2016	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
1642	00042106	03/12/2016	\$162.00	\$6.00	\$168.00	\$0.00	\$0.00	\$168.00	
1643	00042107	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1644	00042108	03/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1645	00042109	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1646	00042110	03/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1647	00042111	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1648	00042112	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1649	00042113	03/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1650	00042114	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1651	00042115	03/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1652	00042116	03/12/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
1653	00042117	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1654	00042118	03/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1655	00042119	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1656	00042120	03/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1657	00042121	03/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1658	00042122	03/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1659	00042123	03/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1660	00042124	03/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1661	00042125	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1662	00042126	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1663	00042127	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1664	00042128	03/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	



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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1665	00042129	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1666	00042130	03/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1667	00042131	03/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1668	00042132	03/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1669	00042133	03/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1670	00042134	03/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1671	00042135	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1672	00042136	03/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1673	00042137	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1674	00042138	03/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1675	00042139	03/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
1676	00042140	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1677	00042141	03/12/2016	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
1678	00042142	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1679	00042143	03/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1680	00042144	03/12/2016	\$40.00	\$9.00	\$49.00	\$0.00	\$0.00	\$49.00	
1681	00042145	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1682	00042146	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1683	00042147	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1684	00042148	03/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1685	00042149	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1686	00042150	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1687	00042151	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1688	00042152	03/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1689	00042153	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1690	00042154	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1691	00042155	03/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1692	00042156	03/12/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
1693	00042157	03/12/2016	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
1694	00042158	03/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1695	00042159	03/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1696	00042160	03/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
1697	00042161	03/12/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
1698	00042162	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1699	00042163	03/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1700	00042164	03/12/2016	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
1701	00042165	03/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1702	00042166	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1703	00042167	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1704	00042168	03/12/2016	\$25.00	\$11.00	\$36.00	\$0.00	\$0.00	\$36.00	
1705	00042169	03/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1706	00042170	03/12/2016	\$60.00	\$8.00	\$68.00	\$0.00	\$0.00	\$68.00	
1707	00042171	03/12/2016	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
1708	00042172	03/12/2016	\$37.00	\$31.00	\$68.00	\$0.00	\$0.00	\$68.00	
1709	00042173	03/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1710	00042174	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1711	00042175	03/12/2016	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
1712	00042176	03/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1713	00042177	03/12/2016	\$12.00	\$14.00	\$26.00	\$0.00	\$0.00	\$26.00	
1714	00042178	03/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1715	00042179	03/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1716	00042180	03/12/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1717	00042181	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1718	00042182	03/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1719	00042183	03/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1720	00042184	03/12/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
1721	00042185	03/12/2016	\$0.00	\$157.00	\$157.00	\$0.00	\$0.00	\$157.00	
1722	00042186	04/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1723	00042187	04/12/2016	\$60.00	\$5.00	\$65.00	\$0.00	\$0.00	\$65.00	
1724	00042188	04/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1725	00042189	04/12/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
1726	00042190	04/12/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
1727	00042191	04/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
1728	00042192	04/12/2016	\$182.00	\$8.00	\$190.00	\$0.00	\$0.00	\$190.00	
1729	00042193	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1730	00042194	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1731	00042195	04/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1732	00042196	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1733	00042197	04/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
1734	00042198	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1735	00042199	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1736	00042200	04/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1737	00042201	04/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1738	00042202	04/12/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$3.00	\$0.00	
1739	00042203	04/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1740	00042204	04/12/2016	\$10.00	\$21.50	\$31.50	\$0.00	\$0.00	\$31.50	
1741	00042205	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1742	00042206	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1743	00042207	04/12/2016	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
1744	00042208	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1745	00042209	04/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1746	00042210	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1747	00042211	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1748	00042212	04/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1749	00042213	04/12/2016	\$110.00	\$0.00	\$110.00	\$0.00	\$0.00	\$110.00	
1750	00042214	04/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1751	00042215	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1752	00042216	04/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1753	00042217	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1754	00042218	04/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1755	00042219	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1756	00042220	04/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1757	00042221	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1758	00042222	04/12/2016	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
1759	00042223	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1760	00042224	04/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1761	00042225	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1762	00042226	04/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1763	00042227	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1764	00042228	04/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1765	00042229	04/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1766	00042230	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1767	00042231	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1768	00042232	04/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1769	00042233	04/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1770	00042234	04/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1771	00042235	04/12/2016	\$30.00	\$1.00	\$31.00	\$0.00	\$0.00	\$31.00	
1772	00042236	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1773	00042237	04/12/2016	\$35.00	\$4.00	\$39.00	\$0.00	\$0.00	\$39.00	
1774	00042238	04/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1775	00042239	04/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1776	00042240	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1777	00042241	04/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1778	00042242	04/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1779	00042243	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1780	00042244	04/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1781	00042245	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1782	00042246	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1783	00042247	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1784	00042248	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1785	00042249	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1786	00042250	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1787	00042251	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1788	00042252	04/12/2016	\$10.00	\$73.00	\$83.00	\$0.00	\$0.00	\$83.00	
1789	00042253	04/12/2016	\$25.00	\$2.00	\$27.00	\$0.00	\$0.00	\$27.00	
1790	00042254	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1791	00042255	04/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1792	00042256	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1793	00042257	04/12/2016	\$35.00	\$9.00	\$44.00	\$0.00	\$0.00	\$44.00	
1794	00042258	04/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1795	00042259	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1796	00042260	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1797	00042261	04/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1798	00042262	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1799	00042263	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1800	00042264	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1801	00042265	04/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
1802	00042266	04/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1803	00042267	04/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1804	00042268	04/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1805	00042269	04/12/2016	\$11.50	\$17.00	\$28.50	\$0.00	\$0.00	\$28.50	
1806	00042270	04/12/2016	\$0.00	\$129.00	\$129.00	\$0.00	\$0.00	\$129.00	
1807	00042271	05/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1808	00042272	05/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1809	00042273	05/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
1810	00042274	05/12/2016	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
1811	00042275	05/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1812	00042276	05/12/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
1813	00042277	05/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1814	00042278	05/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1815	00042279	05/12/2016	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
1816	00042280	05/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1817	00042281	05/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1818	00042282	05/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1819	00042283	05/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1820	00042284	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1821	00042285	05/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1822	00042286	05/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1823	00042287	05/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
1824	00042288	05/12/2016	\$12.00	\$13.00	\$25.00	\$0.00	\$0.00	\$25.00	
1825	00042289	05/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1826	00042290	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1827	00042291	05/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1828	00042292	05/12/2016	\$60.00	\$7.00	\$67.00	\$0.00	\$0.00	\$67.00	
1829	00042293	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1830	00042294	05/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1831	00042295	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1832	00042296	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1833	00042297	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1834	00042298	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1835	00042299	05/12/2016	\$35.00	\$2.50	\$37.50	\$0.00	\$0.00	\$37.50	
1836	00042300	05/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1837	00042301	05/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1838	00042302	05/12/2016	\$132.00	\$5.00	\$137.00	\$0.00	\$0.00	\$137.00	
1839	00042303	05/12/2016	\$32.00	\$7.00	\$39.00	\$0.00	\$0.00	\$39.00	
1840	00042304	05/12/2016	\$110.00	\$9.00	\$119.00	\$0.00	\$0.00	\$119.00	
1841	00042305	05/12/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
1842	00042306	05/12/2016	\$25.00	\$11.00	\$36.00	\$0.00	\$0.00	\$36.00	
1843	00042307	05/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
1844	00042308	05/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1845	00042309	05/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1846	00042310	05/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1847	00042311	05/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1848	00042312	05/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1849	00042313	05/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1850	00042314	05/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1851	00042315	05/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1852	00042316	05/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1853	00042317	05/12/2016	\$10.00	\$70.00	\$80.00	\$0.00	\$0.00	\$80.00	
1854	00042318	05/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1855	00042319	05/12/2016	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
1856	00042320	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1857	00042321	05/12/2016	\$110.00	\$7.00	\$117.00	\$0.00	\$0.00	\$117.00	
1858	00042322	05/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1859	00042323	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1860	00042324	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1861	00042325	05/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1862	00042326	05/12/2016	\$10.00	\$9.80	\$19.80	\$0.30	\$0.00	\$19.50	
1863	00042327	05/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
1864	00042328	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1865	00042329	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1866	00042330	05/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
1867	00042331	05/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1868	00042332	05/12/2016	\$35.00	\$11.00	\$46.00	\$0.00	\$0.00	\$46.00	
1869	00042333	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1870	00042334	05/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1871	00042335	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1872	00042336	05/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	



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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1873	00042337	05/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1874	00042338	05/12/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
1875	00042339	05/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1876	00042340	05/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1877	00042341	05/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1878	00042342	05/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1879	00042343	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1880	00042344	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1881	00042345	05/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1882	00042346	05/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1883	00042347	05/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1884	00042348	05/12/2016	\$0.00	\$245.00	\$245.00	\$0.00	\$0.00	\$245.00	
1885	00042349	06/12/2016	\$10.00	\$29.00	\$39.00	\$0.00	\$0.00	\$39.00	
1886	00042350	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1887	00042351	06/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
1888	00042352	06/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1889	00042353	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1890	00042354	06/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1891	00042355	06/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1892	00042356	06/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1893	00042357	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1894	00042358	06/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1895	00042359	06/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1896	00042360	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1897	00042361	06/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1898	00042362	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1899	00042363	06/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1900	00042364	06/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1901	00042365	06/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1902	00042366	06/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1903	00042367	06/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1904	00042368	06/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1905	00042369	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1906	00042370	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1907	00042371	06/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1908	00042372	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1909	00042373	06/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1910	00042374	06/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
1911	00042375	06/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1912	00042376	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1913	00042377	06/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1914	00042378	06/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1915	00042379	06/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1916	00042380	06/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1917	00042381	06/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1918	00042382	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1919	00042383	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1920	00042384	06/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1921	00042385	06/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1922	00042386	06/12/2016	\$15.00	\$2.00	\$17.00	\$0.00	\$0.00	\$17.00	
1923	00042387	06/12/2016	\$250.00	\$6.00	\$256.00	\$0.00	\$0.00	\$256.00	
1924	00042388	06/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1925	00042389	06/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1926	00042390	06/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1927	00042391	06/12/2016	\$10.00	\$40.00	\$50.00	\$0.00	\$0.00	\$50.00	
1928	00042392	06/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1929	00042393	06/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1930	00042394	06/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1931	00042395	06/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
1932	00042396	06/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1933	00042397	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1934	00042398	06/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1935	00042399	06/12/2016	\$25.00	\$14.00	\$39.00	\$0.00	\$0.00	\$39.00	
1936	00042400	06/12/2016	\$25.00	\$21.00	\$46.00	\$0.00	\$0.00	\$46.00	
1937	00042401	06/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
1938	00042402	06/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
1939	00042403	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1940	00042404	06/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1941	00042405	06/12/2016	\$11.50	\$17.00	\$28.50	\$0.00	\$0.00	\$28.50	
1942	00042406	06/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1943	00042407	06/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1944	00042408	06/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1945	00042409	06/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1946	00042410	06/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1947	00042411	06/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
1948	00042412	06/12/2016	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
1949	00042413	06/12/2016	\$37.00	\$5.00	\$42.00	\$0.00	\$0.00	\$42.00	
1950	00042414	06/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1951	00042415	06/12/2016	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
1952	00042416	06/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1953	00042417	06/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1954	00042418	06/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1955	00042419	06/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1956	00042420	06/12/2016	\$0.00	\$159.00	\$159.00	\$0.00	\$0.00	\$159.00	
1957	00042421	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1958	00042422	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1959	00042423	07/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
1960	00042424	07/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
1961	00042425	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1962	00042426	07/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1963	00042427	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1964	00042428	07/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1965	00042429	07/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
1966	00042430	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1967	00042431	07/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1968	00042432	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1969	00042433	07/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
1970	00042434	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1971	00042435	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1972	00042436	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1973	00042437	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1974	00042438	07/12/2016	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
1975	00042439	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1976	00042440	07/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
1977	00042441	07/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1978	00042442	07/12/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
1979	00042443	07/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1980	00042444	07/12/2016	\$40.00	\$3.00	\$43.00	\$0.00	\$0.00	\$43.00	
1981	00042445	07/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1982	00042446	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
1983	00042447	07/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1984	00042448	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1985	00042449	07/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
1986	00042450	07/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1987	00042451	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1988	00042452	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
1989	00042453	07/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
1990	00042454	07/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
1991	00042455	07/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
1992	00042456	07/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
1993	00042457	07/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
1994	00042458	07/12/2016	\$57.00	\$7.00	\$64.00	\$0.00	\$0.00	\$64.00	
1995	00042459	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
1996	00042460	07/12/2016	\$10.00	\$40.00	\$50.00	\$0.00	\$0.00	\$50.00	
1997	00042461	07/12/2016	\$25.00	\$8.00	\$33.00	\$0.00	\$0.00	\$33.00	
1998	00042462	07/12/2016	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
1999	00042463	07/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2000	00042464	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2001	00042465	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2002	00042466	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2003	00042467	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2004	00042468	07/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2005	00042469	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2006	00042470	07/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2007	00042471	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2008	00042472	07/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2009	00042473	07/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2010	00042474	07/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2011	00042475	07/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2012	00042476	07/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2013	00042477	07/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2014	00042478	07/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2015	00042479	07/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2016	00042480	07/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2017	00042481	07/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2018	00042482	07/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2019	00042483	07/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2020	00042484	07/12/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
2021	00042485	07/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2022	00042486	07/12/2016	\$15.00	\$4.00	\$19.00	\$0.00	\$0.00	\$19.00	
2023	00042487	07/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2024	00042488	07/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2025	00042489	07/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2026	00042490	07/12/2016	\$0.00	\$44.00	\$44.00	\$0.00	\$0.00	\$44.00	
2027	00042491	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2028	00042492	08/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2029	00042493	08/12/2016	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	
2030	00042494	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2031	00042495	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2032	00042496	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2033	00042497	08/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2034	00042498	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2035	00042499	08/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2036	00042500	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2037	00042501	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2038	00042502	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2039	00042503	08/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2040	00042504	08/12/2016	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
2041	00042505	08/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2042	00042506	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2043	00042507	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2044	00042508	08/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2045	00042509	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2046	00042510	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2047	00042511	08/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2048	00042512	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2049	00042513	08/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2050	00042514	08/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2051	00042515	08/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2052	00042516	08/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2053	00042517	08/12/2016	\$10.00	\$24.90	\$34.90	\$0.40	\$0.00	\$34.50	
2054	00042518	08/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2055	00042519	08/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2056	00042520	08/12/2016	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
2057	00042521	08/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2058	00042522	08/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2059	00042523	08/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2060	00042524	08/12/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
2061	00042525	08/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2062	00042526	08/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2063	00042527	08/12/2016	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
2064	00042528	08/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2065	00042529	08/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2066	00042530	08/12/2016	\$0.00	\$45.00	\$45.00	\$0.00	\$0.00	\$45.00	
2067	00042531	09/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2068	00042532	09/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2069	00042533	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2070	00042534	09/12/2016	\$60.00	\$10.50	\$70.50	\$0.00	\$0.00	\$70.50	
2071	00042535	09/12/2016	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
2072	00042536	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2073	00042537	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2074	00042538	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2075	00042539	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2076	00042540	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2077	00042541	09/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2078	00042542	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2079	00042543	09/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2080	00042544	09/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	



# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2081	00042545	09/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2082	00042546	09/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2083	00042547	09/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2084	00042548	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2085	00042549	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2086	00042550	09/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2087	00042551	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2088	00042552	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2089	00042553	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2090	00042554	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2091	00042555	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2092	00042556	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2093	00042557	09/12/2016	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
2094	00042558	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2095	00042559	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2096	00042560	09/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2097	00042561	09/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2098	00042562	09/12/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
2099	00042563	09/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
2100	00042564	09/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2101	00042565	09/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2102	00042566	09/12/2016	\$0.00	\$2.00	\$2.00	\$0.00	\$0.00	\$2.00	
2103	00042567	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2104	00042568	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2105	00042569	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2106	00042570	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2107	00042571	09/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
2108	00042572	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2109	00042573	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2110	00042574	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2111	00042575	09/12/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
2112	00042576	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2113	00042577	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2114	00042578	09/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2115	00042579	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2116	00042580	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2117	00042581	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2118	00042582	09/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2119	00042583	09/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2120	00042584	09/12/2016	\$110.00	\$4.00	\$114.00	\$0.00	\$0.00	\$114.00	
2121	00042585	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2122	00042586	09/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2123	00042587	09/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2124	00042588	09/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2125	00042589	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2126	00042590	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2127	00042591	09/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2128	00042592	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2129	00042593	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2130	00042594	09/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2131	00042595	09/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2132	00042596	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2133	00042597	09/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2134	00042598	09/12/2016	\$0.00	\$84.00	\$84.00	\$0.00	\$0.00	\$84.00	
2135	00042599	09/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2136	00042600	09/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2137	00042601	10/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2138	00042602	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2139	00042603	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2140	00042604	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2141	00042605	10/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2142	00042606	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2143	00042607	10/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2144	00042608	10/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2145	00042609	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2146	00042610	10/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
2147	00042611	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2148	00042612	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2149	00042613	10/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2150	00042614	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2151	00042615	10/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2152	00042616	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2153	00042617	10/12/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
2154	00042618	10/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2155	00042619	10/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2156	00042620	10/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2157	00042621	10/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2158	00042622	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2159	00042623	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2160	00042624	10/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2161	00042625	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2162	00042626	10/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2163	00042627	10/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2164	00042628	10/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2165	00042629	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2166	00042630	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2167	00042631	10/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2168	00042632	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2169	00042633	10/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2170	00042634	10/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2171	00042635	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2172	00042636	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2173	00042637	10/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2174	00042638	10/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2175	00042639	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2176	00042640	10/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
2177	00042641	10/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2178	00042642	10/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
2179	00042643	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2180	00042644	10/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
2181	00042645	10/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
2182	00042646	10/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2183	00042647	10/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2184	00042648	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2185	00042649	10/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2186	00042650	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2187	00042651	10/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2188	00042652	10/12/2016	\$25.00	\$3.00	\$28.00	\$0.00	\$0.00	\$28.00	
2189	00042653	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2190	00042654	10/12/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
2191	00042655	10/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
2192	00042656	10/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2193	00042657	10/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2194	00042658	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2195	00042659	10/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2196	00042660	10/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2197	00042661	10/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2198	00042662	10/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2199	00042663	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2200	00042664	10/12/2016	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
2201	00042665	10/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2202	00042666	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2203	00042667	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2204	00042668	10/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2205	00042669	10/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2206	00042670	10/12/2016	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
2207	00042671	10/12/2016	\$35.00	\$8.00	\$43.00	\$0.00	\$0.00	\$43.00	
2208	00042672	10/12/2016	\$412.00	\$6.00	\$418.00	\$0.00	\$0.00	\$418.00	
2209	00042673	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2210	00042674	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2211	00042675	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2212	00042676	10/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2213	00042677	10/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2214	00042678	10/12/2016	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
2215	00042679	10/12/2016	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
2216	00042680	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2217	00042681	10/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2218	00042682	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2219	00042683	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2220	00042684	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2221	00042685	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2222	00042686	10/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2223	00042687	10/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
2224	00042688	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2225	00042689	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2226	00042690	10/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2227	00042691	10/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2228	00042692	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2229	00042693	10/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2230	00042694	10/12/2016	\$60.00	\$0.00	\$60.00	\$0.00	\$0.00	\$60.00	
2231	00042695	10/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2232	00042696	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2233	00042697	10/12/2016	\$35.00	\$9.00	\$44.00	\$0.00	\$0.00	\$44.00	
2234	00042698	10/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2235	00042699	10/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2236	00042700	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2237	00042701	10/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2238	00042702	10/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2239	00042703	10/12/2016	\$0.00	\$115.00	\$115.00	\$115.00	\$0.00	\$0.00	
2240	00042704	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2241	00042705	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2242	00042706	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2243	00042707	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2244	00042708	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2245	00042709	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2246	00042710	11/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2247	00042711	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2248	00042712	11/12/2016	\$200.00	\$5.00	\$205.00	\$0.00	\$0.00	\$205.00	
2249	00042713	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2250	00042714	11/12/2016	\$162.00	\$6.00	\$168.00	\$0.00	\$0.00	\$168.00	
2251	00042715	11/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2252	00042716	11/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2253	00042717	11/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
2254	00042718	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2255	00042719	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2256	00042720	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2257	00042721	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2258	00042722	11/12/2016	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
2259	00042723	11/12/2016	\$112.00	\$8.00	\$120.00	\$0.00	\$0.00	\$120.00	
2260	00042724	11/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2261	00042725	11/12/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
2262	00042726	11/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2263	00042727	11/12/2016	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
2264	00042728	11/12/2016	\$35.00	\$0.00	\$35.00	\$0.00	\$0.00	\$35.00	
2265	00042729	11/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2266	00042730	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2267	00042731	11/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2268	00042732	11/12/2016	\$10.00	\$7.00	\$17.00	\$17.00	\$0.00	\$0.00	
2269	00042733	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2270	00042734	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2271	00042735	11/12/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
2272	00042736	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2273	00042737	11/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2274	00042738	11/12/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
2275	00042739	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2276	00042740	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2277	00042741	11/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2278	00042742	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2279	00042743	11/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2280	00042744	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2281	00042745	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2282	00042746	11/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2283	00042747	11/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2284	00042748	11/12/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
2285	00042749	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2286	00042750	11/12/2016	\$25.00	\$5.60	\$30.60	\$0.00	\$0.00	\$30.60	
2287	00042751	11/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2288	00042752	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	



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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2289	00042753	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2290	00042754	11/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2291	00042755	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2292	00042756	11/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2293	00042757	11/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2294	00042758	11/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2295	00042759	11/12/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
2296	00042760	11/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2297	00042761	11/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2298	00042762	11/12/2016	\$0.00	\$30.00	\$30.00	\$0.00	\$0.00	\$30.00	
2299	00042763	11/12/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
2300	00042764	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2301	00042765	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2302	00042766	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2303	00042767	11/12/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
2304	00042768	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2305	00042769	11/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2306	00042770	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2307	00042771	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2308	00042772	11/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2309	00042773	11/12/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
2310	00042774	11/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2311	00042775	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2312	00042776	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2313	00042777	11/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2314	00042778	11/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2315	00042779	11/12/2016	\$11.50	\$14.00	\$25.50	\$0.00	\$0.00	\$25.50	
2316	00042780	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2317	00042781	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2318	00042782	11/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2319	00042783	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2320	00042784	11/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2321	00042785	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2322	00042786	11/12/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
2323	00042787	11/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2324	00042788	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2325	00042789	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2326	00042790	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2327	00042791	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2328	00042792	11/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2329	00042793	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2330	00042794	11/12/2016	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
2331	00042795	11/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2332	00042796	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2333	00042797	11/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2334	00042798	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2335	00042799	11/12/2016	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
2336	00042800	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2337	00042801	11/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2338	00042802	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2339	00042803	11/12/2016	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
2340	00042804	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2341	00042805	11/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2342	00042806	11/12/2016	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
2343	00042807	11/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2344	00042808	11/12/2016	\$10.00	\$19.00	\$29.00	\$1.00	\$0.00	\$28.00	
2345	00042809	11/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2346	00042810	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2347	00042811	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2348	00042812	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2349	00042813	11/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2350	00042814	11/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2351	00042815	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2352	00042816	11/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2353	00042817	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2354	00042818	11/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2355	00042819	11/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2356	00042820	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2357	00042821	11/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2358	00042822	11/12/2016	\$0.00	\$141.00	\$141.00	\$0.00	\$0.00	\$141.00	
2359	00042823	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2360	00042824	12/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2361	00042825	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2362	00042826	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2363	00042827	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2364	00042828	12/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2365	00042829	12/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2366	00042830	12/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2367	00042831	12/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2368	00042832	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2369	00042833	12/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2370	00042834	12/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2371	00042835	12/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2372	00042836	12/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2373	00042837	12/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2374	00042838	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2375	00042839	12/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2376	00042840	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2377	00042841	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2378	00042842	12/12/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
2379	00042843	12/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2380	00042844	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2381	00042845	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2382	00042846	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2383	00042847	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2384	00042848	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2385	00042849	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2386	00042850	12/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2387	00042851	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2388	00042852	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2389	00042853	12/12/2016	\$50.00	\$8.00	\$58.00	\$0.00	\$0.00	\$58.00	
2390	00042854	12/12/2016	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
2391	00042855	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2392	00042856	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2393	00042857	12/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2394	00042858	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2395	00042859	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2396	00042860	12/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2397	00042861	12/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2398	00042862	12/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2399	00042863	12/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2400	00042864	12/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2401	00042865	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2402	00042866	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2403	00042867	12/12/2016	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
2404	00042868	12/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2405	00042869	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2406	00042870	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2407	00042871	12/12/2016	\$35.00	\$6.00	\$41.00	\$0.00	\$0.00	\$41.00	
2408	00042872	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2409	00042873	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2410	00042874	12/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
2411	00042875	12/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2412	00042876	12/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2413	00042877	12/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2414	00042878	12/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2415	00042879	12/12/2016	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
2416	00042880	12/12/2016	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
2417	00042881	12/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2418	00042882	12/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2419	00042883	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2420	00042884	12/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2421	00042885	12/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2422	00042886	12/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2423	00042887	12/12/2016	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
2424	00042888	12/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2425	00042889	12/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
2426	00042890	12/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2427	00042891	12/12/2016	\$32.00	\$8.00	\$40.00	\$0.00	\$0.00	\$40.00	
2428	00042892	12/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2429	00042893	12/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2430	00042894	12/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2431	00042895	12/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2432	00042896	12/12/2016	\$0.00	\$130.00	\$130.00	\$0.00	\$0.00	\$130.00	
2433	00042897	13/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2434	00042898	13/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2435	00042899	13/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2436	00042900	13/12/2016	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
2437	00042901	13/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2438	00042902	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2439	00042903	13/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2440	00042904	13/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2441	00042905	13/12/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
2442	00042906	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2443	00042907	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2444	00042908	13/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2445	00042909	13/12/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
2446	00042910	13/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2447	00042911	13/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2448	00042912	13/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2449	00042913	13/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
2450	00042914	13/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2451	00042915	13/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
2452	00042916	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2453	00042917	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2454	00042918	13/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2455	00042919	13/12/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
2456	00042920	13/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2457	00042921	13/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2458	00042922	13/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2459	00042923	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2460	00042924	13/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2461	00042925	13/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2462	00042926	13/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2463	00042927	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2464	00042928	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2465	00042929	13/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2466	00042930	13/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2467	00042931	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2468	00042932	13/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2469	00042933	13/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2470	00042934	13/12/2016	\$11.50	\$5.00	\$16.50	\$0.00	\$0.00	\$16.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2471	00042935	13/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2472	00042936	13/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2473	00042937	13/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2474	00042938	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2475	00042939	13/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2476	00042940	13/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2477	00042941	13/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2478	00042942	13/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2479	00042943	13/12/2016	\$12.00	\$24.00	\$36.00	\$0.00	\$0.00	\$36.00	
2480	00042944	13/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
2481	00042945	13/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2482	00042946	13/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2483	00042947	13/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2484	00042948	13/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2485	00042949	13/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2486	00042950	13/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2487	00042951	13/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2488	00042952	13/12/2016	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
2489	00042953	13/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2490	00042954	13/12/2016	\$0.00	\$0.60	\$0.60	\$0.00	\$0.00	\$0.60	
2491	00042955	13/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
2492	00042956	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2493	00042957	13/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2494	00042958	13/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2495	00042959	13/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2496	00042960	13/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2497	00042961	13/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2498	00042962	13/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2499	00042963	13/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2500	00042964	13/12/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
2501	00042965	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2502	00042966	13/12/2016	\$35.00	\$29.00	\$64.00	\$0.00	\$0.00	\$64.00	
2503	00042967	13/12/2016	\$55.00	\$5.00	\$60.00	\$0.00	\$0.00	\$60.00	
2504	00042968	13/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2505	00042969	13/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2506	00042970	13/12/2016	\$35.00	\$5.60	\$40.60	\$0.10	\$0.00	\$40.50	
2507	00042971	13/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2508	00042972	13/12/2016	\$25.00	\$28.00	\$53.00	\$0.00	\$0.00	\$53.00	
2509	00042973	13/12/2016	\$200.00	\$5.00	\$205.00	\$0.00	\$0.00	\$205.00	
2510	00042974	13/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2511	00042975	13/12/2016	\$262.00	\$6.00	\$268.00	\$0.00	\$0.00	\$268.00	
2512	00042976	13/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2513	00042977	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2514	00042978	13/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2515	00042979	13/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2516	00042980	13/12/2016	\$10.00	\$4.50	\$14.50	\$0.00	\$0.00	\$14.50	
2517	00042981	13/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2518	00042982	13/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2519	00042983	13/12/2016	\$0.00	\$291.00	\$291.00	\$0.00	\$0.00	\$291.00	
2520	00042984	14/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2521	00042985	14/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2522	00042986	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2523	00042987	14/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
2524	00042988	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2525	00042989	14/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2526	00042990	14/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2527	00042991	14/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2528	00042992	14/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2529	00042993	14/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2530	00042994	14/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2531	00042995	14/12/2016	\$40.00	\$20.00	\$60.00	\$0.00	\$0.00	\$60.00	
2532	00042996	14/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
2533	00042997	14/12/2016	\$85.00	\$4.00	\$89.00	\$0.00	\$0.00	\$89.00	
2534	00042998	14/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2535	00042999	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2536	00043000	14/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2537	00043001	14/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2538	00043002	14/12/2016	\$85.00	\$4.00	\$89.00	\$0.00	\$0.00	\$89.00	
2539	00043003	14/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2540	00043004	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2541	00043005	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2542	00043006	14/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2543	00043007	14/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2544	00043008	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2545	00043009	14/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2546	00043010	14/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2547	00043011	14/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2548	00043012	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2549	00043013	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2550	00043014	14/12/2016	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
2551	00043015	14/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2552	00043016	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2553	00043017	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2554	00043018	14/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2555	00043019	14/12/2016	\$0.00	\$82.00	\$82.00	\$0.00	\$0.00	\$82.00	
2556	00043020	14/12/2016	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
2557	00043021	14/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2558	00043022	14/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2559	00043023	14/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2560	00043024	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2561	00043025	14/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2562	00043026	14/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2563	00043027	14/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2564	00043028	14/12/2016	\$35.00	\$15.00	\$50.00	\$0.00	\$0.00	\$50.00	
2565	00043029	14/12/2016	\$32.00	\$8.00	\$40.00	\$0.00	\$0.00	\$40.00	
2566	00043030	14/12/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
2567	00043031	14/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2568	00043032	14/12/2016	\$11.50	\$9.60	\$21.10	\$0.10	\$0.00	\$21.00	
2569	00043033	14/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2570	00043034	14/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2571	00043035	14/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2572	00043036	14/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2573	00043037	14/12/2016	\$35.00	\$8.00	\$43.00	\$0.00	\$0.00	\$43.00	
2574	00043038	14/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2575	00043039	14/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2576	00043040	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2577	00043041	14/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2578	00043042	14/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2579	00043043	14/12/2016	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
2580	00043044	14/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2581	00043045	14/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2582	00043046	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2583	00043047	14/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2584	00043048	14/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2585	00043049	14/12/2016	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
2586	00043050	14/12/2016	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
2587	00043051	14/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2588	00043052	14/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2589	00043053	14/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2590	00043054	14/12/2016	\$10.00	\$29.00	\$39.00	\$0.00	\$0.00	\$39.00	
2591	00043055	14/12/2016	\$0.00	\$213.00	\$213.00	\$0.00	\$0.00	\$213.00	
2592	00043056	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2593	00043057	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2594	00043058	15/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2595	00043059	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2596	00043060	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2597	00043061	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2598	00043062	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2599	00043063	15/12/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
2600	00043064	15/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2601	00043065	15/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2602	00043066	15/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2603	00043067	15/12/2016	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	
2604	00043068	15/12/2016	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
2605	00043069	15/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2606	00043070	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2607	00043071	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2608	00043072	15/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2609	00043073	15/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2610	00043074	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2611	00043075	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2612	00043076	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2613	00043077	15/12/2016	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
2614	00043078	15/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2615	00043079	15/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2616	00043080	15/12/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
2617	00043081	15/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2618	00043082	15/12/2016	\$10.00	\$20.10	\$30.10	\$0.10	\$0.00	\$30.00	
2619	00043083	15/12/2016	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
2620	00043084	15/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2621	00043085	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2622	00043086	15/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
2623	00043087	15/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2624	00043088	15/12/2016	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
2625	00043089	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2626	00043090	15/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2627	00043091	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2628	00043092	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2629	00043093	15/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2630	00043094	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2631	00043095	15/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2632	00043096	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2633	00043097	15/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
2634	00043098	15/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2635	00043099	15/12/2016	\$262.00	\$6.00	\$268.00	\$0.00	\$0.00	\$268.00	
2636	00043100	15/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2637	00043101	15/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2638	00043102	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2639	00043103	15/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2640	00043104	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2641	00043105	15/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2642	00043106	15/12/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
2643	00043107	15/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2644	00043108	15/12/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
2645	00043109	15/12/2016	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
2646	00043110	15/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2647	00043111	15/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2648	00043112	15/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2649	00043113	15/12/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
2650	00043114	15/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2651	00043115	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2652	00043116	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2653	00043117	15/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2654	00043118	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2655	00043119	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2656	00043120	15/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2657	00043121	15/12/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
2658	00043122	15/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2659	00043123	15/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2660	00043124	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2661	00043125	15/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2662	00043126	15/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2663	00043127	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2664	00043128	15/12/2016	\$10.00	\$84.00	\$94.00	\$0.00	\$0.00	\$94.00	
2665	00043129	15/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2666	00043130	15/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2667	00043131	15/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2668	00043132	15/12/2016	\$30.00	\$7.00	\$37.00	\$0.00	\$0.00	\$37.00	
2669	00043133	15/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2670	00043134	15/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2671	00043135	15/12/2016	\$0.00	\$197.00	\$197.00	\$0.00	\$0.00	\$197.00	
2672	00043136	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2673	00043137	16/12/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
2674	00043138	16/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2675	00043139	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2676	00043140	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2677	00043141	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2678	00043142	16/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2679	00043143	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2680	00043144	16/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2681	00043145	16/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2682	00043146	16/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
2683	00043147	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2684	00043148	16/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2685	00043149	16/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2686	00043150	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2687	00043151	16/12/2016	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
2688	00043152	16/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2689	00043153	16/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
2690	00043154	16/12/2016	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
2691	00043155	16/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2692	00043156	16/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2693	00043157	16/12/2016	\$10.00	\$9.75	\$19.75	\$0.25	\$0.00	\$19.50	
2694	00043158	16/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2695	00043159	16/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2696	00043160	16/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2697	00043161	16/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2698	00043162	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2699	00043163	16/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2700	00043164	16/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2701	00043165	16/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2702	00043166	16/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2703	00043167	16/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2704	00043168	16/12/2016	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2705	00043169	16/12/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
2706	00043170	16/12/2016	\$10.00	\$45.00	\$55.00	\$0.00	\$0.00	\$55.00	
2707	00043171	16/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2708	00043172	16/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2709	00043173	16/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2710	00043174	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2711	00043175	16/12/2016	\$40.00	\$3.00	\$43.00	\$0.00	\$0.00	\$43.00	
2712	00043176	16/12/2016	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
2713	00043177	16/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2714	00043178	16/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2715	00043179	16/12/2016	\$40.00	\$4.50	\$44.50	\$0.00	\$0.00	\$44.50	
2716	00043180	16/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2717	00043181	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2718	00043182	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2719	00043183	16/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2720	00043184	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2721	00043185	16/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2722	00043186	16/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2723	00043187	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2724	00043188	16/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2725	00043189	16/12/2016	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
2726	00043190	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2727	00043191	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2728	00043192	16/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2729	00043193	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2730	00043194	16/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2731	00043195	16/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2732	00043196	16/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2733	00043197	16/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2734	00043198	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2735	00043199	16/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2736	00043200	16/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2737	00043201	17/12/2016	\$0.00	\$106.00	\$106.00	\$0.00	\$0.00	\$106.00	
2738	00043202	17/12/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
2739	00043203	17/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2740	00043204	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2741	00043205	17/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2742	00043206	17/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2743	00043207	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2744	00043208	17/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2745	00043209	17/12/2016	\$35.00	\$23.00	\$58.00	\$0.00	\$0.00	\$58.00	
2746	00043210	17/12/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
2747	00043211	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2748	00043212	17/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2749	00043213	17/12/2016	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
2750	00043214	17/12/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
2751	00043215	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2752	00043216	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2753	00043217	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2754	00043218	17/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2755	00043219	17/12/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
2756	00043220	17/12/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2757	00043221	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2758	00043222	17/12/2016	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
2759	00043223	17/12/2016	\$162.00	\$6.00	\$168.00	\$0.00	\$0.00	\$168.00	
2760	00043224	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2761	00043225	17/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2762	00043226	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2763	00043227	17/12/2016	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
2764	00043228	17/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2765	00043229	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2766	00043230	17/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2767	00043231	17/12/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
2768	00043232	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2769	00043233	17/12/2016	\$62.00	\$5.00	\$67.00	\$0.00	\$0.00	\$67.00	
2770	00043234	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2771	00043235	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2772	00043236	17/12/2016	\$10.00	\$27.80	\$37.80	\$0.00	\$0.00	\$37.80	
2773	00043237	17/12/2016	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
2774	00043238	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2775	00043239	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2776	00043240	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2777	00043241	17/12/2016	\$10.00	\$21.50	\$31.50	\$0.00	\$0.00	\$31.50	
2778	00043242	17/12/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
2779	00043243	17/12/2016	\$35.00	\$9.00	\$44.00	\$0.00	\$0.00	\$44.00	
2780	00043244	17/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2781	00043245	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2782	00043246	17/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2783	00043247	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2784	00043248	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2785	00043249	17/12/2016	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
2786	00043250	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2787	00043251	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2788	00043252	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2789	00043253	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2790	00043254	17/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2791	00043255	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2792	00043256	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2793	00043257	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2794	00043258	17/12/2016	\$310.00	\$4.00	\$314.00	\$0.00	\$0.00	\$314.00	
2795	00043259	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2796	00043260	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2797	00043261	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2798	00043262	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2799	00043263	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2800	00043264	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2801	00043265	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2802	00043266	17/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2803	00043267	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2804	00043268	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2805	00043269	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2806	00043270	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2807	00043271	17/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2808	00043272	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2809	00043273	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2810	00043274	17/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2811	00043275	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2812	00043276	17/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
2813	00043277	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2814	00043278	17/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
2815	00043279	17/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2816	00043280	17/12/2016	\$20.00	\$20.00	\$40.00	\$0.00	\$0.00	\$40.00	
2817	00043281	17/12/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
2818	00043282	17/12/2016	\$100.00	\$4.00	\$104.00	\$0.00	\$0.00	\$104.00	
2819	00043283	17/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2820	00043284	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2821	00043285	17/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2822	00043286	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2823	00043287	17/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2824	00043288	17/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
2825	00043289	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2826	00043290	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2827	00043291	17/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2828	00043292	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2829	00043293	17/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2830	00043294	17/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2831	00043295	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2832	00043296	17/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2833	00043297	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2834	00043298	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2835	00043299	17/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2836	00043300	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2837	00043301	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2838	00043302	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2839	00043303	17/12/2016	\$10.00	\$50.00	\$60.00	\$0.00	\$0.00	\$60.00	
2840	00043304	17/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
2841	00043305	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2842	00043306	17/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2843	00043307	17/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2844	00043308	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2845	00043309	17/12/2016	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
2846	00043310	17/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2847	00043311	17/12/2016	\$30.00	\$17.00	\$47.00	\$0.00	\$0.00	\$47.00	
2848	00043312	17/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2849	00043313	17/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2850	00043314	17/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2851	00043315	17/12/2016	\$0.00	\$153.00	\$153.00	\$0.00	\$0.00	\$153.00	
2852	00043316	18/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
2853	00043317	18/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2854	00043318	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2855	00043319	18/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2856	00043320	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2857	00043321	18/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2858	00043322	18/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2859	00043323	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2860	00043324	18/12/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2861	00043325	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2862	00043326	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2863	00043327	18/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2864	00043328	18/12/2016	\$50.00	\$9.00	\$59.00	\$0.00	\$0.00	\$59.00	
2865	00043329	18/12/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
2866	00043330	18/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2867	00043331	18/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2868	00043332	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2869	00043333	18/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2870	00043334	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2871	00043335	18/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2872	00043336	18/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2873	00043337	18/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2874	00043338	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2875	00043339	18/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2876	00043340	18/12/2016	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
2877	00043341	18/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2878	00043342	18/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2879	00043343	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2880	00043344	18/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2881	00043345	18/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2882	00043346	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2883	00043347	18/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2884	00043348	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2885	00043349	18/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2886	00043350	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

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## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2887	00043351	18/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2888	00043352	18/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2889	00043353	18/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2890	00043354	18/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2891	00043355	18/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2892	00043356	18/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2893	00043357	18/12/2016	\$260.00	\$5.00	\$265.00	\$0.00	\$0.00	\$265.00	
2894	00043358	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2895	00043359	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2896	00043360	18/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2897	00043361	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2898	00043362	18/12/2016	\$10.00	\$13.25	\$23.25	\$25.00	\$0.00	-\$1.75	
2899	00043363	18/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2900	00043364	18/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2901	00043365	18/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2902	00043366	18/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2903	00043367	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2904	00043368	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2905	00043369	18/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2906	00043370	18/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2907	00043371	18/12/2016	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
2908	00043372	18/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2909	00043373	18/12/2016	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	
2910	00043374	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2911	00043375	18/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2912	00043376	18/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2913	00043377	18/12/2016	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
2914	00043378	18/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2915	00043379	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2916	00043380	18/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2917	00043381	18/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
2918	00043382	18/12/2016	\$62.00	\$9.00	\$71.00	\$0.00	\$0.00	\$71.00	
2919	00043383	18/12/2016	\$10.00	\$31.00	\$41.00	\$1.00	\$0.00	\$40.00	
2920	00043384	18/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2921	00043385	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2922	00043386	18/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2923	00043387	18/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
2924	00043388	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2925	00043389	18/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2926	00043390	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2927	00043391	18/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2928	00043392	18/12/2016	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
2929	00043393	18/12/2016	\$10.00	\$35.00	\$45.00	\$0.00	\$0.00	\$45.00	
2930	00043394	18/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2931	00043395	18/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2932	00043396	18/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2933	00043397	18/12/2016	\$10.00	\$12.00	\$22.00	\$2.00	\$0.00	\$20.00	
2934	00043398	18/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2935	00043399	18/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2936	00043400	18/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
2937	00043401	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2938	00043402	18/12/2016	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2939	00043403	18/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2940	00043404	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2941	00043405	18/12/2016	\$32.00	\$8.00	\$40.00	\$0.00	\$0.00	\$40.00	
2942	00043406	18/12/2016	\$11.50	\$5.00	\$16.50	\$0.00	\$0.00	\$16.50	
2943	00043407	18/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2944	00043408	18/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2945	00043409	18/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2946	00043410	18/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2947	00043411	18/12/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
2948	00043412	18/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2949	00043413	18/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2950	00043414	18/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2951	00043415	18/12/2016	\$0.00	\$293.00	\$293.00	\$293.00	\$0.00	\$0.00	
2952	00043416	18/12/2016	\$32.00	\$0.00	\$32.00	\$0.00	\$0.00	\$32.00	
2953	00043417	19/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2954	00043418	19/12/2016	\$0.00	\$38.00	\$38.00	\$0.00	\$0.00	\$38.00	
2955	00043419	19/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2956	00043420	19/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
2957	00043421	19/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2958	00043422	19/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
2959	00043423	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2960	00043424	19/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2961	00043425	19/12/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
2962	00043426	19/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2963	00043427	19/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2964	00043428	19/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2965	00043429	19/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2966	00043430	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2967	00043431	19/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2968	00043432	19/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2969	00043433	19/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2970	00043434	19/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2971	00043435	19/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2972	00043436	19/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2973	00043437	19/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2974	00043438	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2975	00043439	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2976	00043440	19/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2977	00043441	19/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
2978	00043442	19/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
2979	00043443	19/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2980	00043444	19/12/2016	\$40.00	\$5.50	\$45.50	\$0.00	\$0.00	\$45.50	
2981	00043445	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2982	00043446	19/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
2983	00043447	19/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2984	00043448	19/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2985	00043449	19/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
2986	00043450	19/12/2016	\$10.00	\$5.60	\$15.60	\$0.10	\$0.00	\$15.50	
2987	00043451	19/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
2988	00043452	19/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2989	00043453	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
2990	00043454	19/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
2991	00043455	19/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
2992	00043456	19/12/2016	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
2993	00043457	19/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2994	00043458	19/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
2995	00043459	19/12/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
2996	00043460	19/12/2016	\$25.00	\$11.00	\$36.00	\$0.00	\$0.00	\$36.00	
2997	00043461	19/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
2998	00043462	19/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
2999	00043463	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3000	00043464	19/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3001	00043465	19/12/2016	\$30.00	\$13.00	\$43.00	\$0.00	\$0.00	\$43.00	
3002	00043466	19/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3003	00043467	19/12/2016	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
3004	00043468	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3005	00043469	19/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3006	00043470	19/12/2016	\$137.00	\$5.00	\$142.00	\$0.00	\$0.00	\$142.00	
3007	00043471	19/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
3008	00043472	19/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3009	00043473	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3010	00043474	19/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
3011	00043475	19/12/2016	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
3012	00043476	19/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3013	00043477	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3014	00043478	19/12/2016	\$132.00	\$5.00	\$137.00	\$0.00	\$0.00	\$137.00	
3015	00043479	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3016	00043480	19/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3017	00043481	19/12/2016	\$0.00	\$189.00	\$189.00	\$189.00	\$0.00	\$0.00	
3018	00043482	19/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3019	00043483	19/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3020	00043484	20/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
3021	00043485	20/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3022	00043486	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3023	00043487	20/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3024	00043488	20/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3025	00043489	20/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3026	00043490	20/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3027	00043491	20/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3028	00043492	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3029	00043493	20/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3030	00043494	20/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3031	00043495	20/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3032	00043496	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3033	00043497	20/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3034	00043498	20/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3035	00043499	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3036	00043500	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3037	00043501	20/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3038	00043502	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3039	00043503	20/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3040	00043504	20/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3041	00043505	20/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3042	00043506	20/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3043	00043507	20/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3044	00043508	20/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3045	00043509	20/12/2016	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	
3046	00043510	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3047	00043511	20/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3048	00043512	20/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3049	00043513	20/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3050	00043514	20/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3051	00043515	20/12/2016	\$35.00	\$24.00	\$59.00	\$0.00	\$0.00	\$59.00	
3052	00043516	20/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3053	00043517	20/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
3054	00043518	20/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3055	00043519	20/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3056	00043520	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3057	00043521	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3058	00043522	20/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3059	00043523	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3060	00043524	20/12/2016	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
3061	00043525	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3062	00043526	20/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3063	00043527	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3064	00043528	20/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3065	00043529	20/12/2016	\$60.00	\$5.00	\$65.00	\$0.00	\$0.00	\$65.00	
3066	00043530	20/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3067	00043531	20/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3068	00043532	20/12/2016	\$32.00	\$25.00	\$57.00	\$0.00	\$0.00	\$57.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3069	00043533	20/12/2016	\$45.00	\$15.00	\$60.00	\$0.00	\$0.00	\$60.00	
3070	00043534	20/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3071	00043535	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3072	00043536	20/12/2016	\$35.00	\$4.50	\$39.50	\$0.00	\$0.00	\$39.50	
3073	00043537	20/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3074	00043538	20/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3075	00043539	20/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3076	00043540	20/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3077	00043541	20/12/2016	\$10.00	\$33.00	\$43.00	\$0.00	\$0.00	\$43.00	
3078	00043542	20/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3079	00043543	20/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3080	00043544	20/12/2016	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
3081	00043545	20/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3082	00043546	20/12/2016	\$0.00	\$70.00	\$70.00	\$0.00	\$0.00	\$70.00	
3083	00043547	21/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3084	00043548	21/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3085	00043549	21/12/2016	\$10.00	\$35.00	\$45.00	\$0.00	\$0.00	\$45.00	
3086	00043550	21/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3087	00043551	21/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3088	00043552	21/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3089	00043553	21/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3090	00043554	21/12/2016	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
3091	00043555	21/12/2016	\$60.00	\$8.00	\$68.00	\$0.00	\$0.00	\$68.00	
3092	00043556	21/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
3093	00043557	21/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3094	00043558	21/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3095	00043559	21/12/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
3096	00043560	21/12/2016	\$15.00	\$4.00	\$19.00	\$0.00	\$0.00	\$19.00	
3097	00043561	21/12/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
3098	00043562	21/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3099	00043563	21/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3100	00043564	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3101	00043565	21/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3102	00043566	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3103	00043567	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3104	00043568	21/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3105	00043569	21/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3106	00043570	21/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3107	00043571	21/12/2016	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
3108	00043572	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3109	00043573	21/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3110	00043574	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3111	00043575	21/12/2016	\$10.00	\$5.60	\$15.60	\$0.10	\$0.00	\$15.50	
3112	00043576	21/12/2016	\$11.50	\$13.00	\$24.50	\$0.00	\$0.00	\$24.50	
3113	00043577	21/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3114	00043578	21/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3115	00043579	21/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3116	00043580	21/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3117	00043581	21/12/2016	\$10.00	\$0.10	\$10.10	\$0.00	\$0.00	\$10.10	
3118	00043582	21/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3119	00043583	21/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3120	00043584	21/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3121	00043585	21/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3122	00043586	21/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3123	00043587	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3124	00043588	21/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3125	00043589	21/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3126	00043590	21/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3127	00043591	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3128	00043592	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3129	00043593	21/12/2016	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
3130	00043594	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3131	00043595	21/12/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
3132	00043596	21/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3133	00043597	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3134	00043598	21/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3135	00043599	21/12/2016	\$0.00	\$64.00	\$64.00	\$0.00	\$0.00	\$64.00	
3136	00043600	22/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3137	00043601	22/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3138	00043602	22/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3139	00043603	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3140	00043604	22/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3141	00043605	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3142	00043606	22/12/2016	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
3143	00043607	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3144	00043608	22/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3145	00043609	22/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3146	00043610	22/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3147	00043611	22/12/2016	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
3148	00043612	22/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3149	00043613	22/12/2016	\$10.00	\$16.60	\$26.60	\$0.10	\$0.00	\$26.50	
3150	00043614	22/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3151	00043615	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3152	00043616	22/12/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
3153	00043617	22/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3154	00043618	22/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
3155	00043619	22/12/2016	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
3156	00043620	22/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3157	00043621	22/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3158	00043622	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3159	00043623	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3160	00043624	22/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3161	00043625	22/12/2016	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
3162	00043626	22/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3163	00043627	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3164	00043628	22/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3165	00043629	22/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3166	00043630	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3167	00043631	22/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3168	00043632	22/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3169	00043633	22/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3170	00043634	22/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3171	00043635	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3172	00043636	22/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3173	00043637	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3174	00043638	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3175	00043639	22/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3176	00043640	22/12/2016	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
3177	00043641	22/12/2016	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
3178	00043642	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3179	00043643	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3180	00043644	22/12/2016	\$10.00	\$29.00	\$39.00	\$0.00	\$0.00	\$39.00	
3181	00043645	22/12/2016	\$10.00	\$18.00	\$28.00	\$2.00	\$0.00	\$26.00	
3182	00043646	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3183	00043647	22/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3184	00043648	22/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3185	00043649	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3186	00043650	22/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3187	00043651	22/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3188	00043652	22/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3189	00043653	22/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3190	00043654	22/12/2016	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
3191	00043655	22/12/2016	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	
3192	00043656	22/12/2016	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	
3193	00043657	22/12/2016	\$12.50	\$0.00	\$12.50	\$0.00	\$0.00	\$12.50	
3194	00043658	22/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
3195	00043659	22/12/2016	\$32.00	\$9.00	\$41.00	\$0.00	\$0.00	\$41.00	
3196	00043660	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3197	00043661	22/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3198	00043662	22/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3199	00043663	22/12/2016	\$0.00	\$111.00	\$111.00	\$111.00	\$0.00	\$0.00	
3200	00043664	22/12/2016	\$32.00	\$7.00	\$39.00	\$0.00	\$0.00	\$39.00	
3201	00043665	23/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3202	00043666	23/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3203	00043667	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3204	00043668	23/12/2016	\$10.00	\$21.00	\$31.00	\$31.00	\$0.00	\$0.00	
3205	00043669	23/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
3206	00043670	23/12/2016	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
3207	00043671	23/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3208	00043672	23/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3209	00043673	23/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3210	00043674	23/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3211	00043675	23/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3212	00043676	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3213	00043677	23/12/2016	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
3214	00043678	23/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3215	00043679	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3216	00043680	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3217	00043681	23/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3218	00043682	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3219	00043683	23/12/2016	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
3220	00043684	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3221	00043685	23/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3222	00043686	23/12/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
3223	00043687	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3224	00043688	23/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3225	00043689	23/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3226	00043690	23/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3227	00043691	23/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3228	00043692	23/12/2016	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
3229	00043693	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3230	00043694	23/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3231	00043695	23/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3232	00043696	23/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3233	00043697	23/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3234	00043698	23/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3235	00043699	23/12/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
3236	00043700	23/12/2016	\$15.00	\$1.00	\$16.00	\$0.00	\$0.00	\$16.00	
3237	00043701	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3238	00043702	23/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3239	00043703	23/12/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
3240	00043704	23/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3241	00043705	23/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3242	00043706	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3243	00043707	23/12/2016	\$0.00	\$7.00	\$7.00	\$7.00	\$0.00	\$0.00	
3244	00043708	23/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3245	00043709	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3246	00043710	23/12/2016	\$0.00	\$10.50	\$10.50	\$0.50	\$0.00	\$10.00	
3247	00043711	23/12/2016	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
3248	00043712	23/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3249	00043713	23/12/2016	\$160.00	\$6.00	\$166.00	\$0.00	\$0.00	\$166.00	
3250	00043714	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3251	00043715	23/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3252	00043716	23/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3253	00043717	23/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3254	00043718	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3255	00043719	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3256	00043720	23/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
3257	00043721	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3258	00043722	23/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3259	00043723	23/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3260	00043724	23/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3261	00043725	23/12/2016	\$0.00	\$250.00	\$250.00	\$0.00	\$0.00	\$250.00	
3262	00043726	24/12/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
3263	00043727	24/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3264	00043728	24/12/2016	\$40.00	\$9.00	\$49.00	\$0.00	\$0.00	\$49.00	
3265	00043729	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3266	00043730	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3267	00043731	24/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
3268	00043732	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3269	00043733	24/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3270	00043734	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3271	00043735	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3272	00043736	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3273	00043737	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3274	00043738	24/12/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
3275	00043739	24/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3276	00043740	24/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3277	00043741	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3278	00043742	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3279	00043743	24/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3280	00043744	24/12/2016	\$12.00	\$15.00	\$27.00	\$2.00	\$0.00	\$25.00	
3281	00043745	24/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3282	00043746	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3283	00043747	24/12/2016	\$32.00	\$25.00	\$57.00	\$0.00	\$0.00	\$57.00	
3284	00043748	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3285	00043749	24/12/2016	\$22.00	\$5.00	\$27.00	\$0.00	\$0.00	\$27.00	
3286	00043750	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3287	00043751	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3288	00043752	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3289	00043753	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3290	00043754	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3291	00043755	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3292	00043756	24/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3293	00043757	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3294	00043758	24/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3295	00043759	24/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3296	00043760	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3297	00043761	24/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3298	00043762	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3299	00043763	24/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3300	00043764	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3301	00043765	24/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3302	00043766	24/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3303	00043767	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3304	00043768	24/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3305	00043769	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3306	00043770	24/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3307	00043771	24/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3308	00043772	24/12/2016	\$35.00	\$3.00	\$38.00	\$0.00	\$0.00	\$38.00	
3309	00043773	24/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3310	00043774	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3311	00043775	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3312	00043776	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3313	00043777	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3314	00043778	24/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3315	00043779	24/12/2016	\$10.00	\$29.00	\$39.00	\$0.00	\$0.00	\$39.00	
3316	00043780	24/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3317	00043781	24/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3318	00043782	24/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3319	00043783	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3320	00043784	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3321	00043785	24/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3322	00043786	24/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3323	00043787	24/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
3324	00043788	24/12/2016	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
3325	00043789	24/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3326	00043790	24/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3327	00043791	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3328	00043792	24/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3329	00043793	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3330	00043794	24/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3331	00043795	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3332	00043796	24/12/2016	\$112.00	\$0.00	\$112.00	\$0.00	\$0.00	\$112.00	
3333	00043797	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3334	00043798	24/12/2016	\$10.00	\$1.50	\$11.50	\$0.00	\$0.00	\$11.50	
3335	00043799	24/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3336	00043800	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3337	00043801	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3338	00043802	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3339	00043803	24/12/2016	\$10.00	\$20.00	\$30.00	\$10.00	\$0.00	\$20.00	
3340	00043804	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3341	00043805	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3342	00043806	24/12/2016	\$35.00	\$13.00	\$48.00	\$0.00	\$0.00	\$48.00	
3343	00043807	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3344	00043808	24/12/2016	\$0.00	\$7.00	\$7.00	\$7.00	\$0.00	\$0.00	
3345	00043809	24/12/2016	\$35.00	\$20.50	\$55.50	\$0.00	\$0.00	\$55.50	
3346	00043810	24/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3347	00043811	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3348	00043812	24/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
3349	00043813	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3350	00043814	24/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3351	00043815	24/12/2016	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
3352	00043816	24/12/2016	\$30.00	\$7.00	\$37.00	\$0.00	\$0.00	\$37.00	
3353	00043817	24/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3354	00043818	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3355	00043819	24/12/2016	\$0.00	\$82.00	\$82.00	\$82.00	\$0.00	\$0.00	
3356	00043820	24/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3357	00043821	24/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3358	00043822	25/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3359	00043823	25/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3360	00043824	25/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3361	00043825	25/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3362	00043826	25/12/2016	\$10.00	\$5.50	\$15.50	\$0.00	\$0.00	\$15.50	
3363	00043827	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3364	00043828	25/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3365	00043829	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3366	00043830	25/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3367	00043831	25/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3368	00043832	25/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3369	00043833	25/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3370	00043834	25/12/2016	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
3371	00043835	25/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3372	00043836	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3373	00043837	25/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3374	00043838	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3375	00043839	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3376	00043840	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3377	00043841	25/12/2016	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
3378	00043842	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3379	00043843	25/12/2016	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
3380	00043844	25/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3381	00043845	25/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3382	00043846	25/12/2016	\$35.00	\$0.00	\$35.00	\$0.00	\$0.00	\$35.00	
3383	00043847	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3384	00043848	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3385	00043849	25/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3386	00043850	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3387	00043851	25/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3388	00043852	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3389	00043853	25/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3390	00043854	25/12/2016	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
3391	00043855	25/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3392	00043856	25/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3393	00043857	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3394	00043858	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3395	00043859	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3396	00043860	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3397	00043861	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3398	00043862	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3399	00043863	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3400	00043864	25/12/2016	\$0.00	\$39.00	\$39.00	\$0.00	\$0.00	\$39.00	
3401	00043865	25/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3402	00043866	25/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3403	00043867	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3404	00043868	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3405	00043869	25/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3406	00043870	25/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3407	00043871	25/12/2016	\$10.00	\$11.50	\$21.50	\$0.00	\$0.00	\$21.50	
3408	00043872	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3409	00043873	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3410	00043874	25/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3411	00043875	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3412	00043876	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3413	00043877	25/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3414	00043878	25/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3415	00043879	25/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3416	00043880	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3417	00043881	25/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3418	00043882	25/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3419	00043883	25/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3420	00043884	25/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3421	00043885	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3422	00043886	25/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3423	00043887	25/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3424	00043888	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3425	00043889	25/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3426	00043890	25/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3427	00043891	25/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
3428	00043892	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3429	00043893	25/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3430	00043894	25/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3431	00043895	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3432	00043896	25/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3433	00043897	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3434	00043898	25/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3435	00043899	25/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3436	00043900	25/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3437	00043901	25/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3438	00043902	25/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3439	00043903	25/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
3440	00043904	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3441	00043905	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3442	00043906	25/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3443	00043907	25/12/2016	\$30.00	\$10.00	\$40.00	\$0.00	\$0.00	\$40.00	
3444	00043908	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3445	00043909	25/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3446	00043910	25/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3447	00043911	25/12/2016	\$0.00	\$179.00	\$179.00	\$0.00	\$0.00	\$179.00	
3448	00043912	25/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3449	00043913	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3450	00043914	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3451	00043915	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3452	00043916	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3453	00043917	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3454	00043918	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3455	00043919	26/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3456	00043920	26/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3457	00043921	26/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3458	00043922	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3459	00043923	26/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3460	00043924	26/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3461	00043925	26/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3462	00043926	26/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3463	00043927	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3464	00043928	26/12/2016	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	
3465	00043929	26/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3466	00043930	26/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3467	00043931	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3468	00043932	26/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3469	00043933	26/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
3470	00043934	26/12/2016	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
3471	00043935	26/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3472	00043936	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3473	00043937	26/12/2016	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
3474	00043938	26/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3475	00043939	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3476	00043940	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3477	00043941	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3478	00043942	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3479	00043943	26/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3480	00043944	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3481	00043945	26/12/2016	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
3482	00043946	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3483	00043947	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3484	00043948	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3485	00043949	26/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3486	00043950	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3487	00043951	26/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3488	00043952	26/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3489	00043953	26/12/2016	\$20.00	\$7.60	\$27.60	\$0.00	\$0.00	\$27.60	
3490	00043954	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3491	00043955	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3492	00043956	26/12/2016	\$11.50	\$5.00	\$16.50	\$0.00	\$0.00	\$16.50	
3493	00043957	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3494	00043958	26/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3495	00043959	26/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3496	00043960	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3497	00043961	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3498	00043962	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3499	00043963	26/12/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
3500	00043964	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3501	00043965	26/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3502	00043966	26/12/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
3503	00043967	26/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3504	00043968	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3505	00043969	26/12/2016	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
3506	00043970	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3507	00043971	26/12/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
3508	00043972	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3509	00043973	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3510	00043974	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3511	00043975	26/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3512	00043976	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3513	00043977	26/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3514	00043978	26/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3515	00043979	26/12/2016	\$100.00	\$5.00	\$105.00	\$0.00	\$0.00	\$105.00	
3516	00043980	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3517	00043981	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3518	00043982	26/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3519	00043983	26/12/2016	\$25.00	\$5.00	\$30.00	\$0.00	\$0.00	\$30.00	
3520	00043984	26/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3521	00043985	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3522	00043986	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3523	00043987	26/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3524	00043988	26/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3525	00043989	26/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3526	00043990	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3527	00043991	26/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3528	00043992	26/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3529	00043993	26/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3530	00043994	26/12/2016	\$0.00	\$139.00	\$139.00	\$0.00	\$0.00	\$139.00	
3531	00043995	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3532	00043996	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3533	00043997	27/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3534	00043998	27/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3535	00043999	27/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3536	00044000	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3537	00044001	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3538	00044002	27/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3539	00044003	27/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3540	00044004	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3541	00044005	27/12/2016	\$15.00	\$1.00	\$16.00	\$0.00	\$0.00	\$16.00	
3542	00044006	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3543	00044007	27/12/2016	\$60.00	\$8.00	\$68.00	\$0.00	\$0.00	\$68.00	
3544	00044008	27/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3545	00044009	27/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3546	00044010	27/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3547	00044011	27/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3548	00044012	27/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3549	00044013	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3550	00044014	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3551	00044015	27/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3552	00044016	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3553	00044017	27/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3554	00044018	27/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3555	00044019	27/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3556	00044020	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3557	00044021	27/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3558	00044022	27/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3559	00044023	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3560	00044024	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3561	00044025	27/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3562	00044026	27/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3563	00044027	27/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3564	00044028	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3565	00044029	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3566	00044030	27/12/2016	\$15.00	\$7.60	\$22.60	\$0.10	\$0.00	\$22.50	
3567	00044031	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3568	00044032	27/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3569	00044033	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3570	00044034	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3571	00044035	27/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3572	00044036	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3573	00044037	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3574	00044038	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3575	00044039	27/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3576	00044040	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3577	00044041	27/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
3578	00044042	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3579	00044043	27/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3580	00044044	27/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3581	00044045	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3582	00044046	27/12/2016	\$10.00	\$9.50	\$19.50	\$0.00	\$0.00	\$19.50	
3583	00044047	27/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3584	00044048	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3585	00044049	27/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3586	00044050	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3587	00044051	27/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3588	00044052	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3589	00044053	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3590	00044054	27/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3591	00044055	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3592	00044056	27/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3593	00044057	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3594	00044058	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3595	00044059	27/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3596	00044060	27/12/2016	\$0.00	\$50.00	\$50.00	\$0.00	\$0.00	\$50.00	
3597	00044061	27/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3598	00044062	27/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3599	00044063	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3600	00044064	28/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3601	00044065	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3602	00044066	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3603	00044067	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3604	00044068	28/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3605	00044069	28/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3606	00044070	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3607	00044071	28/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3608	00044072	28/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3609	00044073	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3610	00044074	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3611	00044075	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3612	00044076	28/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
3613	00044077	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3614	00044078	28/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3615	00044079	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3616	00044080	28/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3617	00044081	28/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3618	00044082	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3619	00044083	28/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3620	00044084	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3621	00044085	28/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3622	00044086	28/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3623	00044087	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3624	00044088	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3625	00044089	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3626	00044090	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3627	00044091	28/12/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
3628	00044092	28/12/2016	\$10.00	\$5.50	\$15.50	\$0.00	\$0.00	\$15.50	
3629	00044093	28/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3630	00044094	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3631	00044095	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3632	00044096	28/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3633	00044097	28/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3634	00044098	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3635	00044099	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3636	00044100	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3637	00044101	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3638	00044102	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3639	00044103	28/12/2016	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
3640	00044104	28/12/2016	\$0.00	\$6.60	\$6.60	\$0.10	\$0.00	\$6.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3641	00044105	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3642	00044106	28/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3643	00044107	28/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3644	00044108	28/12/2016	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
3645	00044109	28/12/2016	\$10.00	\$41.00	\$51.00	\$1.00	\$0.00	\$50.00	
3646	00044110	28/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3647	00044111	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3648	00044112	28/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3649	00044113	28/12/2016	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
3650	00044114	28/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3651	00044115	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3652	00044116	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3653	00044117	28/12/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
3654	00044118	28/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3655	00044119	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3656	00044120	28/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3657	00044121	28/12/2016	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
3658	00044122	28/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3659	00044123	28/12/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
3660	00044124	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3661	00044125	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3662	00044126	28/12/2016	\$0.00	\$17.00	\$17.00	\$0.00	\$0.00	\$17.00	
3663	00044127	28/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3664	00044128	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3665	00044129	28/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3666	00044130	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3667	00044131	28/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3668	00044132	28/12/2016	\$35.00	\$21.50	\$56.50	\$0.00	\$0.00	\$56.50	
3669	00044133	28/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3670	00044134	28/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3671	00044135	28/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3672	00044136	28/12/2016	\$0.00	\$227.50	\$227.50	\$227.50	\$0.00	\$0.00	
3673	00044137	29/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3674	00044138	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3675	00044139	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3676	00044140	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3677	00044141	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3678	00044142	29/12/2016	\$10.00	\$46.00	\$56.00	\$0.00	\$0.00	\$56.00	
3679	00044143	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3680	00044144	29/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3681	00044145	29/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3682	00044146	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3683	00044147	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3684	00044148	29/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3685	00044149	29/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3686	00044150	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3687	00044151	29/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3688	00044152	29/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3689	00044153	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3690	00044154	29/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3691	00044155	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3692	00044156	29/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3693	00044157	29/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3694	00044158	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3695	00044159	29/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3696	00044160	29/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3697	00044161	29/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3698	00044162	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3699	00044163	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3700	00044164	29/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3701	00044165	29/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3702	00044166	29/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3703	00044167	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3704	00044168	29/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3705	00044169	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3706	00044170	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3707	00044171	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3708	00044172	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3709	00044173	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3710	00044174	29/12/2016	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
3711	00044175	29/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3712	00044176	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3713	00044177	29/12/2016	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3714	00044178	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3715	00044179	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3716	00044180	29/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3717	00044181	29/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3718	00044182	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3719	00044183	29/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3720	00044184	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3721	00044185	29/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3722	00044186	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3723	00044187	29/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3724	00044188	29/12/2016	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	
3725	00044189	29/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3726	00044190	29/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3727	00044191	29/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3728	00044192	29/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3729	00044193	29/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3730	00044194	29/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3731	00044195	29/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3732	00044196	29/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3733	00044197	29/12/2016	\$0.00	\$119.00	\$119.00	\$0.00	\$0.00	\$119.00	
3734	00044198	30/12/2016	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
3735	00044199	30/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3736	00044200	30/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3737	00044201	30/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3738	00044202	30/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3739	00044203	30/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3740	00044204	30/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3741	00044205	30/12/2016	\$10.00	\$9.10	\$19.10	\$0.10	\$0.00	\$19.00	
3742	00044206	30/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3743	00044207	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3744	00044208	30/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3745	00044209	30/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3746	00044210	30/12/2016	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
3747	00044211	30/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3748	00044212	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3749	00044213	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3750	00044214	30/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3751	00044215	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3752	00044216	30/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3753	00044217	30/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3754	00044218	30/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3755	00044219	30/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3756	00044220	30/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3757	00044221	30/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3758	00044222	30/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3759	00044223	30/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3760	00044224	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3761	00044225	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3762	00044226	30/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3763	00044227	30/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3764	00044228	30/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
3765	00044229	30/12/2016	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
3766	00044230	30/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3767	00044231	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3768	00044232	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3769	00044233	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3770	00044234	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3771	00044235	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3772	00044236	30/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3773	00044237	30/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3774	00044238	30/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3775	00044239	30/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3776	00044240	30/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3777	00044241	30/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3778	00044242	30/12/2016	\$10.00	\$40.00	\$50.00	\$0.00	\$0.00	\$50.00	
3779	00044243	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3780	00044244	30/12/2016	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3781	00044245	30/12/2016	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
3782	00044246	30/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3783	00044247	30/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3784	00044248	30/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3785	00044249	30/12/2016	\$0.00	\$188.00	\$188.00	\$0.00	\$0.00	\$188.00	
3786	00044250	30/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3787	00044251	31/12/2016	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
3788	00044252	31/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3789	00044253	31/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3790	00044254	31/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3791	00044255	31/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3792	00044256	31/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3793	00044257	31/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3794	00044258	31/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3795	00044259	31/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3796	00044260	31/12/2016	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3797	00044261	31/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3798	00044262	31/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3799	00044263	31/12/2016	\$15.00	\$11.00	\$26.00	\$0.00	\$0.00	\$26.00	
3800	00044264	31/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3801	00044265	31/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3802	00044266	31/12/2016	\$0.00	\$1.50	\$1.50	\$0.00	\$0.00	\$1.50	
3803	00044267	31/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3804	00044268	31/12/2016	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3805	00044269	31/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3806	00044270	31/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3807	00044271	31/12/2016	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
3808	00044272	31/12/2016	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3809	00044273	31/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3810	00044274	31/12/2016	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3811	00044275	31/12/2016	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3812	00044276	31/12/2016	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3813	00044277	31/12/2016	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3814	00044278	31/12/2016	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
3815	00044279	31/12/2016	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3816	00044280	31/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3817	00044281	31/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3818	00044282	31/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3819	00044283	31/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3820	00044284	31/12/2016	\$10.00	\$7.50	\$17.50	\$0.00	\$0.00	\$17.50	
3821	00044285	31/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3822	00044286	31/12/2016	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3823	00044287	31/12/2016	\$15.00	\$4.50	\$19.50	\$0.00	\$0.00	\$19.50	
3824	00044288	31/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3825	00044289	31/12/2016	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3826	00044290	31/12/2016	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3827	00044291	31/12/2016	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
3828	00044292	31/12/2016	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3829	00044293	02/01/2017	\$0.00	\$97.00	\$97.00	\$0.00	\$0.00	\$97.00	
3830	00044294	02/01/2017	\$0.00	\$1,011.00	\$1,011.00	\$1,011.00	\$0.00	\$0.00	
3831	00044295	02/01/2017	\$40.00	\$10.00	\$50.00	\$0.00	\$0.00	\$50.00	
3832	00044296	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3833	00044297	02/01/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
3834	00044298	02/01/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
3835	00044299	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3836	00044300	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3837	00044301	02/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3838	00044302	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3839	00044303	02/01/2017	\$10.00	\$34.00	\$44.00	\$0.00	\$0.00	\$44.00	
3840	00044304	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3841	00044305	02/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3842	00044306	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3843	00044307	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3844	00044308	02/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3845	00044309	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3846	00044310	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3847	00044311	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3848	00044312	02/01/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3849	00044313	02/01/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
3850	00044314	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3851	00044315	02/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3852	00044316	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3853	00044317	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3854	00044318	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3855	00044319	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3856	00044320	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3857	00044321	02/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
3858	00044322	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3859	00044323	02/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3860	00044324	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3861	00044325	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3862	00044326	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3863	00044327	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3864	00044328	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3865	00044329	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3866	00044330	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3867	00044331	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3868	00044332	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3869	00044333	02/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3870	00044334	02/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
3871	00044335	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3872	00044336	02/01/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
3873	00044337	02/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3874	00044338	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3875	00044339	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3876	00044340	02/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3877	00044341	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3878	00044342	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3879	00044343	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3880	00044344	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3881	00044345	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3882	00044346	02/01/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
3883	00044347	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3884	00044348	02/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
3885	00044349	02/01/2017	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
3886	00044350	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3887	00044351	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3888	00044352	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3889	00044353	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3890	00044354	02/01/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
3891	00044355	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3892	00044356	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3893	00044357	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3894	00044358	02/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3895	00044359	02/01/2017	\$35.00	\$29.00	\$64.00	\$0.00	\$0.00	\$64.00	
3896	00044360	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3897	00044361	02/01/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
3898	00044362	02/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3899	00044363	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3900	00044364	02/01/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3901	00044365	02/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3902	00044366	02/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3903	00044367	02/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3904	00044368	02/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3905	00044369	02/01/2017	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
3906	00044370	02/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
3907	00044371	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3908	00044372	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3909	00044373	02/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3910	00044374	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3911	00044375	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3912	00044376	02/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3913	00044377	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3914	00044378	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3915	00044379	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3916	00044380	02/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3917	00044381	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3918	00044382	02/01/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
3919	00044383	02/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3920	00044384	02/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3921	00044385	02/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3922	00044386	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3923	00044387	02/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3924	00044388	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3925	00044389	02/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
3926	00044390	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3927	00044391	02/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
3928	00044392	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3929	00044393	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3930	00044394	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3931	00044395	02/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3932	00044396	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3933	00044397	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3934	00044398	02/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3935	00044399	02/01/2017	\$30.00	\$8.00	\$38.00	\$0.00	\$0.00	\$38.00	
3936	00044400	02/01/2017	\$11.50	\$22.00	\$33.50	\$0.00	\$0.00	\$33.50	
3937	00044401	02/01/2017	\$25.00	\$23.00	\$48.00	\$2.00	\$0.00	\$46.00	
3938	00044402	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3939	00044403	02/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3940	00044404	02/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3941	00044405	02/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3942	00044406	02/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3943	00044407	02/01/2017	\$10.00	\$15.00	\$25.00	\$2.00	\$0.00	\$23.00	
3944	00044408	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3945	00044409	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3946	00044410	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3947	00044411	02/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3948	00044412	02/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3949	00044413	02/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3950	00044414	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3951	00044415	02/01/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
3952	00044416	02/01/2017	\$0.00	\$210.00	\$210.00	\$0.00	\$0.00	\$210.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3953	00044417	02/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3954	00044418	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3955	00044419	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3956	00044420	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3957	00044421	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3958	00044422	02/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3959	00044423	02/01/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
3960	00044424	02/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
3961	00044425	02/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3962	00044426	02/01/2017	\$27.00	\$5.00	\$32.00	\$0.00	\$0.00	\$32.00	
3963	00044427	03/01/2017	\$40.00	\$8.00	\$48.00	\$0.00	\$0.00	\$48.00	
3964	00044428	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3965	00044429	03/01/2017	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
3966	00044430	03/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
3967	00044431	03/01/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
3968	00044432	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3969	00044433	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3970	00044434	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3971	00044435	03/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
3972	00044436	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3973	00044437	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3974	00044438	03/01/2017	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
3975	00044439	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3976	00044440	03/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3977	00044441	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
3978	00044442	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
3979	00044443	03/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3980	00044444	03/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
3981	00044445	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
3982	00044446	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3983	00044447	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3984	00044448	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3985	00044449	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3986	00044450	03/01/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
3987	00044451	03/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3988	00044452	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3989	00044453	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3990	00044454	03/01/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
3991	00044455	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3992	00044456	03/01/2017	\$15.00	\$3.00	\$18.00	\$0.00	\$0.00	\$18.00	
3993	00044457	03/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
3994	00044458	03/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
3995	00044459	03/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
3996	00044460	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
3997	00044461	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
3998	00044462	03/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
3999	00044463	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4000	00044464	03/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4001	00044465	03/01/2017	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
4002	00044466	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4003	00044467	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4004	00044468	03/01/2017	\$15.00	\$12.00	\$27.00	\$0.00	\$0.00	\$27.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4005	00044469	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4006	00044470	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4007	00044471	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4008	00044472	03/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4009	00044473	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4010	00044474	03/01/2017	\$35.00	\$4.50	\$39.50	\$0.00	\$0.00	\$39.50	
4011	00044475	03/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4012	00044476	03/01/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
4013	00044477	03/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4014	00044478	03/01/2017	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	
4015	00044479	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4016	00044480	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4017	00044481	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4018	00044482	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4019	00044483	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4020	00044484	03/01/2017	\$0.00	\$11.00	\$11.00	\$11.00	\$0.00	\$0.00	
4021	00044485	03/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4022	00044486	03/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
4023	00044487	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4024	00044488	03/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4025	00044489	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4026	00044490	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4027	00044491	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4028	00044492	03/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
4029	00044493	03/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4030	00044494	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4031	00044495	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4032	00044496	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4033	00044497	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4034	00044498	03/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
4035	00044499	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4036	00044500	03/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
4037	00044501	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4038	00044502	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4039	00044503	03/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4040	00044504	03/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
4041	00044505	03/01/2017	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
4042	00044506	03/01/2017	\$10.00	\$12.00	\$22.00	\$2.00	\$0.00	\$20.00	
4043	00044507	03/01/2017	\$160.00	\$6.00	\$166.00	\$0.00	\$0.00	\$166.00	
4044	00044508	03/01/2017	\$10.00	\$17.00	\$27.00	\$2.00	\$0.00	\$25.00	
4045	00044509	03/01/2017	\$0.00	\$172.00	\$172.00	\$0.00	\$0.00	\$172.00	
4046	00044510	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4047	00044511	03/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4048	00044512	03/01/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
4049	00044513	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4050	00044514	03/01/2017	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
4051	00044515	03/01/2017	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
4052	00044516	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4053	00044517	03/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4054	00044518	03/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4055	00044519	03/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4056	00044520	03/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4057	00044521	03/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
4058	00044522	03/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4059	00044523	03/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4060	00044524	03/01/2017	\$11.50	\$0.00	\$11.50	\$0.00	\$0.00	\$11.50	
4061	00044525	04/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4062	00044526	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4063	00044527	04/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4064	00044528	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4065	00044529	04/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4066	00044530	04/01/2017	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
4067	00044531	04/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4068	00044532	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4069	00044533	04/01/2017	\$10.00	\$10.10	\$20.10	\$0.00	\$0.00	\$20.10	
4070	00044534	04/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4071	00044535	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4072	00044536	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4073	00044537	04/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4074	00044538	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4075	00044539	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4076	00044540	04/01/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
4077	00044541	04/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4078	00044542	04/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4079	00044543	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4080	00044544	04/01/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
4081	00044545	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4082	00044546	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4083	00044547	04/01/2017	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
4084	00044548	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4085	00044549	04/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4086	00044550	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4087	00044551	04/01/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
4088	00044552	04/01/2017	\$25.00	\$3.00	\$28.00	\$0.00	\$0.00	\$28.00	
4089	00044553	04/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4090	00044554	04/01/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
4091	00044555	04/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4092	00044556	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4093	00044557	04/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4094	00044558	04/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4095	00044559	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4096	00044560	04/01/2017	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
4097	00044561	04/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4098	00044562	04/01/2017	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
4099	00044563	04/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4100	00044564	04/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4101	00044565	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4102	00044566	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4103	00044567	04/01/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
4104	00044568	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4105	00044569	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4106	00044570	04/01/2017	\$60.00	\$13.00	\$73.00	\$0.00	\$0.00	\$73.00	
4107	00044571	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4108	00044572	04/01/2017	\$30.00	\$3.00	\$33.00	\$0.00	\$0.00	\$33.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4109	00044573	04/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4110	00044574	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4111	00044575	04/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4112	00044576	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4113	00044577	04/01/2017	\$37.00	\$10.00	\$47.00	\$0.00	\$0.00	\$47.00	
4114	00044578	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4115	00044579	04/01/2017	\$12.00	\$10.00	\$22.00	\$2.00	\$0.00	\$20.00	
4116	00044580	04/01/2017	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
4117	00044581	04/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4118	00044582	04/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4119	00044583	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4120	00044584	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4121	00044585	04/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4122	00044586	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4123	00044587	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4124	00044588	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4125	00044589	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4126	00044590	04/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4127	00044591	04/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4128	00044592	04/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4129	00044593	04/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4130	00044594	04/01/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
4131	00044595	04/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
4132	00044596	04/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4133	00044597	04/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4134	00044598	04/01/2017	\$0.00	\$290.00	\$290.00	\$0.00	\$0.00	\$290.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4135	00044599	04/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4136	00044600	05/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4137	00044601	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4138	00044602	05/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4139	00044603	05/01/2017	\$15.00	\$11.00	\$26.00	\$0.00	\$0.00	\$26.00	
4140	00044604	05/01/2017	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
4141	00044605	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4142	00044606	05/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4143	00044607	05/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4144	00044608	05/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4145	00044609	05/01/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
4146	00044610	05/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4147	00044611	05/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4148	00044612	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4149	00044613	05/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4150	00044614	05/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4151	00044615	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4152	00044616	05/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4153	00044617	05/01/2017	\$32.00	\$4.00	\$36.00	\$0.00	\$0.00	\$36.00	
4154	00044618	05/01/2017	\$110.00	\$20.00	\$130.00	\$0.00	\$0.00	\$130.00	
4155	00044619	05/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4156	00044620	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4157	00044621	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4158	00044622	05/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4159	00044623	05/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4160	00044624	05/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4161	00044625	05/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4162	00044626	05/01/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
4163	00044627	05/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4164	00044628	05/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4165	00044629	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4166	00044630	05/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4167	00044631	05/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4168	00044632	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4169	00044633	05/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4170	00044634	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4171	00044635	05/01/2017	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
4172	00044636	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4173	00044637	05/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4174	00044638	05/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4175	00044639	05/01/2017	\$60.00	\$5.00	\$65.00	\$0.00	\$0.00	\$65.00	
4176	00044640	05/01/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
4177	00044641	05/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4178	00044642	05/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4179	00044643	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4180	00044644	05/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4181	00044645	05/01/2017	\$160.00	\$6.00	\$166.00	\$0.00	\$0.00	\$166.00	
4182	00044646	05/01/2017	\$10.00	\$60.00	\$70.00	\$0.00	\$0.00	\$70.00	
4183	00044647	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4184	00044648	05/01/2017	\$40.00	\$10.00	\$50.00	\$0.00	\$0.00	\$50.00	
4185	00044649	05/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4186	00044650	05/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4187	00044651	05/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4188	00044652	05/01/2017	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
4189	00044653	05/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4190	00044654	05/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4191	00044655	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4192	00044656	05/01/2017	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
4193	00044657	05/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4194	00044658	05/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4195	00044659	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4196	00044660	05/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4197	00044661	05/01/2017	\$0.00	\$111.00	\$111.00	\$0.00	\$0.00	\$111.00	
4198	00044662	05/01/2017	\$110.00	\$5.00	\$115.00	\$0.00	\$0.00	\$115.00	
4199	00044663	05/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4200	00044664	06/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4201	00044665	06/01/2017	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
4202	00044666	06/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4203	00044667	06/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4204	00044668	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4205	00044669	06/01/2017	\$10.00	\$41.00	\$51.00	\$0.00	\$0.00	\$51.00	
4206	00044670	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4207	00044671	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4208	00044672	06/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
4209	00044673	06/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4210	00044674	06/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4211	00044675	06/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4212	00044676	06/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4213	00044677	06/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4214	00044678	06/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4215	00044679	06/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4216	00044680	06/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4217	00044681	06/01/2017	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
4218	00044682	06/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4219	00044683	06/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4220	00044684	06/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
4221	00044685	06/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4222	00044686	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4223	00044687	06/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4224	00044688	06/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4225	00044689	06/01/2017	\$10.00	\$18.50	\$28.50	\$0.00	\$0.00	\$28.50	
4226	00044690	06/01/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
4227	00044691	06/01/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
4228	00044692	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4229	00044693	06/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4230	00044694	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4231	00044695	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4232	00044696	06/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4233	00044697	06/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4234	00044698	06/01/2017	\$20.00	\$5.00	\$25.00	\$0.00	\$0.00	\$25.00	
4235	00044699	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4236	00044700	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4237	00044701	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4238	00044702	06/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4239	00044703	06/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4240	00044704	06/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4241	00044705	06/01/2017	\$10.00	\$3.75	\$13.75	\$0.25	\$0.00	\$13.50	
4242	00044706	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4243	00044707	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4244	00044708	06/01/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
4245	00044709	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4246	00044710	06/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4247	00044711	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4248	00044712	06/01/2017	\$10.00	\$70.00	\$80.00	\$0.00	\$0.00	\$80.00	
4249	00044713	06/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4250	00044714	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4251	00044715	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4252	00044716	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4253	00044717	06/01/2017	\$10.00	\$35.00	\$45.00	\$2.00	\$0.00	\$43.00	
4254	00044718	06/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4255	00044719	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4256	00044720	06/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4257	00044721	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4258	00044722	06/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4259	00044723	06/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
4260	00044724	06/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4261	00044725	06/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4262	00044726	06/01/2017	\$0.00	\$283.00	\$283.00	\$0.00	\$0.00	\$283.00	
4263	00044727	06/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4264	00044728	06/01/2017	\$17.50	\$0.00	\$17.50	\$0.00	\$0.00	\$17.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4265	00044729	06/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4266	00044730	07/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4267	00044731	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4268	00044732	07/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4269	00044733	07/01/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
4270	00044734	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4271	00044735	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4272	00044736	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4273	00044737	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4274	00044738	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4275	00044739	07/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4276	00044740	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4277	00044741	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4278	00044742	07/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4279	00044743	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4280	00044744	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4281	00044745	07/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4282	00044746	07/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
4283	00044747	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4284	00044748	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4285	00044749	07/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4286	00044750	07/01/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
4287	00044751	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4288	00044752	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4289	00044753	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4290	00044754	07/01/2017	\$25.00	\$18.00	\$43.00	\$0.00	\$0.00	\$43.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4291	00044755	07/01/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
4292	00044756	07/01/2017	\$17.50	\$0.00	\$17.50	\$0.00	\$0.00	\$17.50	
4293	00044757	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4294	00044758	07/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4295	00044759	07/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4296	00044760	07/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4297	00044761	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4298	00044762	07/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4299	00044763	07/01/2017	\$0.00	\$2.00	\$2.00	\$0.00	\$0.00	\$2.00	
4300	00044764	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4301	00044765	07/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4302	00044766	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4303	00044767	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4304	00044768	07/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4305	00044769	07/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4306	00044770	07/01/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
4307	00044771	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4308	00044772	07/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4309	00044773	07/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4310	00044774	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4311	00044775	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4312	00044776	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4313	00044777	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4314	00044778	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4315	00044779	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4316	00044780	07/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4317	00044781	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4318	00044782	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4319	00044783	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4320	00044784	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4321	00044785	07/01/2017	\$11.50	\$9.00	\$20.50	\$0.00	\$0.00	\$20.50	
4322	00044786	07/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4323	00044787	07/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4324	00044788	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4325	00044789	07/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4326	00044790	07/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4327	00044791	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4328	00044792	07/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4329	00044793	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4330	00044794	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4331	00044795	07/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4332	00044796	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4333	00044797	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4334	00044798	07/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4335	00044799	07/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4336	00044800	07/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4337	00044801	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4338	00044802	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4339	00044803	07/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4340	00044804	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4341	00044805	07/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4342	00044806	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4343	00044807	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4344	00044808	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4345	00044809	07/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4346	00044810	07/01/2017	\$31.50	\$18.00	\$49.50	\$0.00	\$0.00	\$49.50	
4347	00044811	07/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4348	00044812	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4349	00044813	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4350	00044814	07/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4351	00044815	07/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4352	00044816	07/01/2017	\$20.00	\$5.00	\$25.00	\$0.00	\$0.00	\$25.00	
4353	00044817	07/01/2017	\$20.00	\$5.00	\$25.00	\$0.00	\$0.00	\$25.00	
4354	00044818	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4355	00044819	07/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4356	00044820	07/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4357	00044821	07/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4358	00044822	07/01/2017	\$10.00	\$15.00	\$25.00	\$2.00	\$0.00	\$23.00	
4359	00044823	07/01/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
4360	00044824	07/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4361	00044825	07/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4362	00044826	07/01/2017	\$37.00	\$28.00	\$65.00	\$0.00	\$0.00	\$65.00	
4363	00044827	07/01/2017	\$0.00	\$128.00	\$128.00	\$0.00	\$0.00	\$128.00	
4364	00044828	07/01/2017	\$37.00	\$5.00	\$42.00	\$0.00	\$0.00	\$42.00	
4365	00044829	08/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4366	00044830	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4367	00044831	08/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4368	00044832	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4369	00044833	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4370	00044834	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4371	00044835	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4372	00044836	08/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4373	00044837	08/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4374	00044838	08/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4375	00044839	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4376	00044840	08/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4377	00044841	08/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4378	00044842	08/01/2017	\$10.00	\$12.60	\$22.60	\$0.10	\$0.00	\$22.50	
4379	00044843	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4380	00044844	08/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4381	00044845	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4382	00044846	08/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4383	00044847	08/01/2017	\$10.00	\$7.50	\$17.50	\$0.00	\$0.00	\$17.50	
4384	00044848	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4385	00044849	08/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4386	00044850	08/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4387	00044851	08/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4388	00044852	08/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4389	00044853	08/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4390	00044854	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4391	00044855	08/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4392	00044856	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4393	00044857	08/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4394	00044858	08/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4395	00044859	08/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4396	00044860	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4397	00044861	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4398	00044862	08/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4399	00044863	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4400	00044864	08/01/2017	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
4401	00044865	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4402	00044866	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4403	00044867	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4404	00044868	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4405	00044869	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4406	00044870	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4407	00044871	08/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4408	00044872	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4409	00044873	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4410	00044874	08/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4411	00044875	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4412	00044876	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4413	00044877	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4414	00044878	08/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4415	00044879	08/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4416	00044880	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4417	00044881	08/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4418	00044882	08/01/2017	\$15.00	\$3.00	\$18.00	\$0.00	\$0.00	\$18.00	
4419	00044883	08/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4420	00044884	08/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4421	00044885	08/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4422	00044886	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4423	00044887	08/01/2017	\$35.00	\$16.50	\$51.50	\$0.00	\$0.00	\$51.50	
4424	00044888	08/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4425	00044889	08/01/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
4426	00044890	08/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4427	00044891	08/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4428	00044892	08/01/2017	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
4429	00044893	08/01/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
4430	00044894	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4431	00044895	08/01/2017	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
4432	00044896	08/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4433	00044897	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4434	00044898	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4435	00044899	08/01/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
4436	00044900	08/01/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
4437	00044901	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4438	00044902	08/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4439	00044903	08/01/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
4440	00044904	08/01/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
4441	00044905	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4442	00044906	08/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4443	00044907	08/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4444	00044908	08/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4445	00044909	08/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4446	00044910	08/01/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4447	00044911	08/01/2017	\$15.00	\$3.00	\$18.00	\$0.00	\$0.00	\$18.00	
4448	00044912	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4449	00044913	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4450	00044914	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4451	00044915	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4452	00044916	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4453	00044917	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4454	00044918	08/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4455	00044919	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4456	00044920	08/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4457	00044921	08/01/2017	\$0.00	\$97.00	\$97.00	\$0.00	\$0.00	\$97.00	
4458	00044922	09/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4459	00044923	09/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4460	00044924	09/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4461	00044925	09/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4462	00044926	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4463	00044927	09/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4464	00044928	09/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4465	00044929	09/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4466	00044930	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4467	00044931	09/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4468	00044932	09/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4469	00044933	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4470	00044934	09/01/2017	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
4471	00044935	09/01/2017	\$40.00	\$20.00	\$60.00	\$0.00	\$0.00	\$60.00	
4472	00044936	09/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4473	00044937	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4474	00044938	09/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4475	00044939	09/01/2017	\$35.00	\$24.00	\$59.00	\$0.00	\$0.00	\$59.00	
4476	00044940	09/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4477	00044941	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4478	00044942	09/01/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
4479	00044943	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4480	00044944	09/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4481	00044945	09/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4482	00044946	09/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4483	00044947	09/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4484	00044948	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4485	00044949	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4486	00044950	09/01/2017	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
4487	00044951	09/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4488	00044952	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4489	00044953	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4490	00044954	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4491	00044955	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4492	00044956	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4493	00044957	09/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4494	00044958	09/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4495	00044959	09/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4496	00044960	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4497	00044961	09/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4498	00044962	09/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4499	00044963	09/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4500	00044964	09/01/2017	\$10.00	\$45.00	\$55.00	\$0.00	\$0.00	\$55.00	
4501	00044965	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4502	00044966	09/01/2017	\$22.00	\$5.00	\$27.00	\$0.00	\$0.00	\$27.00	
4503	00044967	09/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4504	00044968	09/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
4505	00044969	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4506	00044970	09/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
4507	00044971	09/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4508	00044972	09/01/2017	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
4509	00044973	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4510	00044974	09/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4511	00044975	09/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4512	00044976	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4513	00044977	09/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4514	00044978	09/01/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
4515	00044979	09/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4516	00044980	09/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4517	00044981	09/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4518	00044982	09/01/2017	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
4519	00044983	09/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
4520	00044984	09/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4521	00044985	09/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4522	00044986	09/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4523	00044987	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4524	00044988	09/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4525	00044989	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4526	00044990	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4527	00044991	09/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4528	00044992	09/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4529	00044993	09/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4530	00044994	09/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4531	00044995	09/01/2017	\$10.00	\$19.00	\$29.00	\$2.00	\$0.00	\$27.00	
4532	00044996	09/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4533	00044997	09/01/2017	\$0.00	\$51.00	\$51.00	\$0.00	\$0.00	\$51.00	
4534	00044998	10/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4535	00044999	10/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4536	00045000	10/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4537	00045001	10/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4538	00045002	10/01/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
4539	00045003	10/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4540	00045004	10/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4541	00045005	10/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4542	00045006	10/01/2017	\$30.00	\$2.00	\$32.00	\$0.00	\$0.00	\$32.00	
4543	00045007	10/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4544	00045008	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4545	00045009	10/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4546	00045010	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4547	00045011	10/01/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
4548	00045012	10/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4549	00045013	10/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4550	00045014	10/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4551	00045015	10/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4552	00045016	10/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4553	00045017	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4554	00045018	10/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4555	00045019	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4556	00045020	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4557	00045021	10/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4558	00045022	10/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4559	00045023	10/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4560	00045024	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4561	00045025	10/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4562	00045026	10/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
4563	00045027	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4564	00045028	10/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4565	00045029	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4566	00045030	10/01/2017	\$10.00	\$4.50	\$14.50	\$0.00	\$0.00	\$14.50	
4567	00045031	10/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4568	00045032	10/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
4569	00045033	10/01/2017	\$37.00	\$25.00	\$62.00	\$0.00	\$0.00	\$62.00	
4570	00045034	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4571	00045035	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4572	00045036	10/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4573	00045037	10/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4574	00045038	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4575	00045039	10/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4576	00045040	10/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4577	00045041	10/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4578	00045042	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4579	00045043	10/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4580	00045044	10/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4581	00045045	10/01/2017	\$10.00	\$15.00	\$25.00	\$2.00	\$0.00	\$23.00	
4582	00045046	10/01/2017	\$10.00	\$12.00	\$22.00	\$2.00	\$0.00	\$20.00	
4583	00045047	10/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4584	00045048	10/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4585	00045049	10/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4586	00045050	10/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4587	00045051	10/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4588	00045052	10/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4589	00045053	10/01/2017	\$32.00	\$11.00	\$43.00	\$0.00	\$0.00	\$43.00	
4590	00045054	10/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4591	00045055	10/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4592	00045056	10/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4593	00045057	10/01/2017	\$30.00	\$15.00	\$45.00	\$0.00	\$0.00	\$45.00	
4594	00045058	10/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4595	00045059	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4596	00045060	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4597	00045061	10/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4598	00045062	10/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4599	00045063	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4600	00045064	10/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4601	00045065	10/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4602	00045066	10/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4603	00045067	10/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4604	00045068	10/01/2017	\$0.00	\$45.00	\$45.00	\$0.00	\$0.00	\$45.00	
4605	00045069	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4606	00045070	11/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4607	00045071	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4608	00045072	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4609	00045073	11/01/2017	\$10.00	\$12.00	\$22.00	\$2.00	\$0.00	\$20.00	
4610	00045074	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4611	00045075	11/01/2017	\$14.50	\$5.00	\$19.50	\$0.00	\$0.00	\$19.50	
4612	00045076	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4613	00045077	11/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
4614	00045078	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4615	00045079	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4616	00045080	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4617	00045081	11/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4618	00045082	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4619	00045083	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4620	00045084	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4621	00045085	11/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4622	00045086	11/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4623	00045087	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4624	00045088	11/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4625	00045089	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4626	00045090	11/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4627	00045091	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4628	00045092	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4629	00045093	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4630	00045094	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4631	00045095	11/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4632	00045096	11/01/2017	\$35.00	\$29.00	\$64.00	\$0.00	\$0.00	\$64.00	
4633	00045097	11/01/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
4634	00045098	11/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4635	00045099	11/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4636	00045100	11/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4637	00045101	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4638	00045102	11/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4639	00045103	11/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4640	00045104	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4641	00045105	11/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4642	00045106	11/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4643	00045107	11/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4644	00045108	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4645	00045109	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4646	00045110	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4647	00045111	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4648	00045112	11/01/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
4649	00045113	11/01/2017	\$10.00	\$65.00	\$75.00	\$0.00	\$0.00	\$75.00	
4650	00045114	11/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
4651	00045115	11/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
4652	00045116	11/01/2017	\$27.00	\$20.00	\$47.00	\$0.00	\$0.00	\$47.00	
4653	00045117	11/01/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
4654	00045118	11/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4655	00045119	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4656	00045120	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4657	00045121	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4658	00045122	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4659	00045123	11/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4660	00045124	11/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4661	00045125	11/01/2017	\$60.00	\$10.00	\$70.00	\$0.00	\$0.00	\$70.00	
4662	00045126	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4663	00045127	11/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4664	00045128	11/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4665	00045129	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4666	00045130	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4667	00045131	11/01/2017	\$60.00	\$6.00	\$66.00	\$0.00	\$0.00	\$66.00	
4668	00045132	11/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
4669	00045133	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4670	00045134	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4671	00045135	11/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
4672	00045136	11/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4673	00045137	11/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4674	00045138	11/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4675	00045139	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4676	00045140	11/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4677	00045141	11/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4678	00045142	11/01/2017	\$32.00	\$11.00	\$43.00	\$0.00	\$0.00	\$43.00	
4679	00045143	11/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4680	00045144	11/01/2017	\$25.00	\$11.00	\$36.00	\$0.00	\$0.00	\$36.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4681	00045145	11/01/2017	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
4682	00045146	11/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4683	00045147	11/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4684	00045148	11/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4685	00045149	11/01/2017	\$280.00	\$6.00	\$286.00	\$0.00	\$0.00	\$286.00	
4686	00045150	11/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4687	00045151	11/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4688	00045152	11/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4689	00045153	12/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4690	00045154	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4691	00045155	12/01/2017	\$20.00	\$7.00	\$27.00	\$0.00	\$0.00	\$27.00	
4692	00045156	12/01/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
4693	00045157	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4694	00045158	12/01/2017	\$10.00	\$35.00	\$45.00	\$0.00	\$0.00	\$45.00	
4695	00045159	12/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4696	00045160	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4697	00045161	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4698	00045162	12/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4699	00045163	12/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4700	00045164	12/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4701	00045165	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4702	00045166	12/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4703	00045167	12/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4704	00045168	12/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4705	00045169	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4706	00045170	12/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4707	00045171	12/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4708	00045172	12/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4709	00045173	12/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4710	00045174	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4711	00045175	12/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4712	00045176	12/01/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
4713	00045177	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4714	00045178	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4715	00045179	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4716	00045180	12/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4717	00045181	12/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4718	00045182	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4719	00045183	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4720	00045184	12/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4721	00045185	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4722	00045186	12/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4723	00045187	12/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4724	00045188	12/01/2017	\$110.00	\$18.00	\$128.00	\$0.00	\$0.00	\$128.00	
4725	00045189	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4726	00045190	12/01/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
4727	00045191	12/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4728	00045192	12/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4729	00045193	12/01/2017	\$30.00	\$20.00	\$50.00	\$0.00	\$0.00	\$50.00	
4730	00045194	12/01/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
4731	00045195	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4732	00045196	12/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4733	00045197	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4734	00045198	12/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4735	00045199	12/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4736	00045200	12/01/2017	\$37.00	\$5.00	\$42.00	\$0.00	\$0.00	\$42.00	
4737	00045201	12/01/2017	\$12.00	\$12.00	\$24.00	\$0.00	\$0.00	\$24.00	
4738	00045202	12/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4739	00045203	12/01/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
4740	00045204	12/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4741	00045205	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4742	00045206	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4743	00045207	12/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4744	00045208	12/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4745	00045209	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4746	00045210	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4747	00045211	12/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4748	00045212	12/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4749	00045213	12/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4750	00045214	12/01/2017	\$11.50	\$3.00	\$14.50	\$0.00	\$0.00	\$14.50	
4751	00045215	12/01/2017	\$32.00	\$4.00	\$36.00	\$0.00	\$0.00	\$36.00	
4752	00045216	12/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4753	00045217	12/01/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
4754	00045218	12/01/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
4755	00045219	12/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4756	00045220	12/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4757	00045221	12/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
4758	00045222	12/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4759	00045223	12/01/2017	\$0.00	\$185.00	\$185.00	\$0.00	\$0.00	\$185.00	
4760	00045224	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4761	00045225	13/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4762	00045226	13/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4763	00045227	13/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4764	00045228	13/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4765	00045229	13/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4766	00045230	13/01/2017	\$10.00	\$40.00	\$50.00	\$0.00	\$0.00	\$50.00	
4767	00045231	13/01/2017	\$0.00	\$70.00	\$70.00	\$0.00	\$0.00	\$70.00	
4768	00045232	13/01/2017	\$0.00	\$2.00	\$2.00	\$0.00	\$0.00	\$2.00	
4769	00045233	13/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4770	00045234	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4771	00045235	13/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4772	00045236	13/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4773	00045237	13/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4774	00045238	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4775	00045239	13/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
4776	00045240	13/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4777	00045241	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4778	00045242	13/01/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
4779	00045243	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4780	00045244	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4781	00045245	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4782	00045246	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4783	00045247	13/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4784	00045248	13/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4785	00045249	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4786	00045250	13/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4787	00045251	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4788	00045252	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4789	00045253	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4790	00045254	13/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4791	00045255	13/01/2017	\$10.00	\$12.50	\$22.50	\$0.00	\$0.00	\$22.50	
4792	00045256	13/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4793	00045257	13/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4794	00045258	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4795	00045259	13/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4796	00045260	13/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4797	00045261	13/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4798	00045262	13/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4799	00045263	13/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4800	00045264	13/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4801	00045265	13/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4802	00045266	13/01/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
4803	00045267	13/01/2017	\$35.00	\$10.00	\$45.00	\$0.00	\$0.00	\$45.00	
4804	00045268	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4805	00045269	13/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4806	00045270	13/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4807	00045271	13/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
4808	00045272	13/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4809	00045273	13/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4810	00045274	13/01/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4811	00045275	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4812	00045276	13/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4813	00045277	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4814	00045278	13/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4815	00045279	13/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
4816	00045280	13/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
4817	00045281	13/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4818	00045282	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4819	00045283	13/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4820	00045284	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4821	00045285	13/01/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
4822	00045286	13/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4823	00045287	13/01/2017	\$0.00	\$7.00	\$7.00	\$7.00	\$0.00	\$0.00	
4824	00045288	13/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4825	00045289	13/01/2017	\$10.00	\$17.00	\$27.00	\$2.00	\$0.00	\$25.00	
4826	00045290	13/01/2017	\$10.00	\$36.00	\$46.00	\$0.00	\$0.00	\$46.00	
4827	00045291	13/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
4828	00045292	13/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4829	00045293	13/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4830	00045294	13/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4831	00045295	13/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4832	00045296	13/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4833	00045297	13/01/2017	\$0.00	\$121.00	\$121.00	\$0.00	\$0.00	\$121.00	
4834	00045298	13/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4835	00045299	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4836	00045300	14/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4837	00045301	14/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
4838	00045302	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4839	00045303	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4840	00045304	14/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4841	00045305	14/01/2017	\$13.50	\$8.00	\$21.50	\$0.00	\$0.00	\$21.50	
4842	00045306	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4843	00045307	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4844	00045308	14/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4845	00045309	14/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4846	00045310	14/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4847	00045311	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4848	00045312	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4849	00045313	14/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4850	00045314	14/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4851	00045315	14/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4852	00045316	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4853	00045317	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4854	00045318	14/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4855	00045319	14/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
4856	00045320	14/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4857	00045321	14/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
4858	00045322	14/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4859	00045323	14/01/2017	\$30.00	\$12.60	\$42.60	\$0.00	\$0.00	\$42.60	
4860	00045324	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4861	00045325	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4862	00045326	14/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4863	00045327	14/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4864	00045328	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4865	00045329	14/01/2017	\$35.00	\$28.00	\$63.00	\$0.00	\$0.00	\$63.00	
4866	00045330	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4867	00045331	14/01/2017	\$430.00	\$5.00	\$435.00	\$0.00	\$0.00	\$435.00	
4868	00045332	14/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4869	00045333	14/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4870	00045334	14/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4871	00045335	14/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4872	00045336	14/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
4873	00045337	14/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4874	00045338	14/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4875	00045339	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4876	00045340	14/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4877	00045341	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4878	00045342	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4879	00045343	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4880	00045344	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4881	00045345	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4882	00045346	14/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4883	00045347	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4884	00045348	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4885	00045349	14/01/2017	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
4886	00045350	14/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4887	00045351	14/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4888	00045352	14/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4889	00045353	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4890	00045354	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4891	00045355	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4892	00045356	14/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
4893	00045357	14/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4894	00045358	14/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4895	00045359	14/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4896	00045360	14/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4897	00045361	14/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4898	00045362	14/01/2017	\$30.00	\$3.00	\$33.00	\$0.00	\$0.00	\$33.00	
4899	00045363	14/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4900	00045364	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4901	00045365	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4902	00045366	14/01/2017	\$30.00	\$6.00	\$36.00	\$0.00	\$0.00	\$36.00	
4903	00045367	14/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4904	00045368	14/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4905	00045369	14/01/2017	\$15.00	\$20.00	\$35.00	\$0.00	\$0.00	\$35.00	
4906	00045370	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4907	00045371	14/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4908	00045372	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4909	00045373	14/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4910	00045374	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4911	00045375	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4912	00045376	14/01/2017	\$224.00	\$5.00	\$229.00	\$0.00	\$0.00	\$229.00	
4913	00045377	14/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4914	00045378	14/01/2017	\$110.00	\$5.00	\$115.00	\$0.00	\$0.00	\$115.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4915	00045379	14/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4916	00045380	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4917	00045381	14/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4918	00045382	14/01/2017	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
4919	00045383	14/01/2017	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
4920	00045384	14/01/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
4921	00045385	14/01/2017	\$30.00	\$10.00	\$40.00	\$0.00	\$0.00	\$40.00	
4922	00045386	14/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4923	00045387	14/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
4924	00045388	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4925	00045389	14/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4926	00045390	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4927	00045391	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4928	00045392	14/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4929	00045393	14/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
4930	00045394	14/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4931	00045395	14/01/2017	\$32.00	\$0.00	\$32.00	\$0.00	\$0.00	\$32.00	
4932	00045396	14/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4933	00045397	15/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
4934	00045398	15/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
4935	00045399	15/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
4936	00045400	15/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4937	00045401	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4938	00045402	15/01/2017	\$10.00	\$31.50	\$41.50	\$0.00	\$0.00	\$41.50	
4939	00045403	15/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4940	00045404	15/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4941	00045405	15/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4942	00045406	15/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4943	00045407	15/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4944	00045408	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4945	00045409	15/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
4946	00045410	15/01/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
4947	00045411	15/01/2017	\$130.00	\$12.00	\$142.00	\$0.00	\$0.00	\$142.00	
4948	00045412	15/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4949	00045413	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4950	00045414	15/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
4951	00045415	15/01/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
4952	00045416	15/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
4953	00045417	15/01/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
4954	00045418	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4955	00045419	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4956	00045420	15/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4957	00045421	15/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4958	00045422	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4959	00045423	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4960	00045424	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4961	00045425	15/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
4962	00045426	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4963	00045427	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4964	00045428	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4965	00045429	15/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4966	00045430	15/01/2017	\$11.50	\$6.00	\$17.50	\$0.00	\$0.00	\$17.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4967	00045431	15/01/2017	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
4968	00045432	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4969	00045433	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4970	00045434	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4971	00045435	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4972	00045436	15/01/2017	\$160.00	\$8.00	\$168.00	\$0.00	\$0.00	\$168.00	
4973	00045437	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4974	00045438	15/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
4975	00045439	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4976	00045440	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4977	00045441	15/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
4978	00045442	15/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4979	00045443	15/01/2017	\$11.50	\$5.00	\$16.50	\$0.00	\$0.00	\$16.50	
4980	00045444	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4981	00045445	15/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
4982	00045446	15/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
4983	00045447	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4984	00045448	15/01/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
4985	00045449	15/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4986	00045450	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4987	00045451	15/01/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
4988	00045452	15/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
4989	00045453	15/01/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
4990	00045454	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4991	00045455	15/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
4992	00045456	15/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
4993	00045457	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4994	00045458	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4995	00045459	15/01/2017	\$2.50	\$5.00	\$7.50	\$0.00	\$0.00	\$7.50	
4996	00045460	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
4997	00045461	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
4998	00045462	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
4999	00045463	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5000	00045464	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5001	00045465	15/01/2017	\$0.00	\$1.50	\$1.50	\$0.00	\$0.00	\$1.50	
5002	00045466	15/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5003	00045467	15/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5004	00045468	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5005	00045469	15/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5006	00045470	15/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5007	00045471	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5008	00045472	15/01/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
5009	00045473	15/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5010	00045474	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5011	00045475	15/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5012	00045476	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5013	00045477	15/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5014	00045478	15/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5015	00045479	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5016	00045480	15/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
5017	00045481	15/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5018	00045482	15/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5019	00045483	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5020	00045484	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5021	00045485	15/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5022	00045486	15/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5023	00045487	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5024	00045488	15/01/2017	\$30.00	\$8.00	\$38.00	\$0.00	\$0.00	\$38.00	
5025	00045489	15/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5026	00045490	15/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5027	00045491	15/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5028	00045492	15/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5029	00045493	15/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5030	00045494	15/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5031	00045495	15/01/2017	\$0.00	\$144.00	\$144.00	\$0.00	\$0.00	\$144.00	
5032	00045496	16/01/2017	\$10.00	\$53.00	\$63.00	\$0.00	\$0.00	\$63.00	
5033	00045497	16/01/2017	\$20.00	\$12.00	\$32.00	\$0.00	\$0.00	\$32.00	
5034	00045498	16/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5035	00045499	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5036	00045500	16/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5037	00045501	16/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5038	00045502	16/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5039	00045503	16/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5040	00045504	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5041	00045505	16/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5042	00045506	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5043	00045507	16/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5044	00045508	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5045	00045509	16/01/2017	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
5046	00045510	16/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5047	00045511	16/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5048	00045512	16/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5049	00045513	16/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5050	00045514	16/01/2017	\$10.00	\$73.00	\$83.00	\$0.00	\$0.00	\$83.00	
5051	00045515	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5052	00045516	16/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5053	00045517	16/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5054	00045518	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5055	00045519	16/01/2017	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	
5056	00045520	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5057	00045521	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5058	00045522	16/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5059	00045523	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5060	00045524	16/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5061	00045525	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5062	00045526	16/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5063	00045527	16/01/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
5064	00045528	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5065	00045529	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5066	00045530	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5067	00045531	16/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5068	00045532	16/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5069	00045533	16/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5070	00045534	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5071	00045535	16/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5072	00045536	16/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5073	00045537	16/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5074	00045538	16/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5075	00045539	16/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5076	00045540	16/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5077	00045541	16/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5078	00045542	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5079	00045543	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5080	00045544	16/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5081	00045545	16/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
5082	00045546	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5083	00045547	16/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5084	00045548	16/01/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
5085	00045549	16/01/2017	\$15.00	\$6.00	\$21.00	\$0.00	\$0.00	\$21.00	
5086	00045550	16/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5087	00045551	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5088	00045552	16/01/2017	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
5089	00045553	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5090	00045554	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5091	00045555	16/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5092	00045556	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5093	00045557	16/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5094	00045558	16/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5095	00045559	16/01/2017	\$25.00	\$11.00	\$36.00	\$0.00	\$0.00	\$36.00	
5096	00045560	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5097	00045561	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5098	00045562	16/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5099	00045563	16/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
5100	00045564	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5101	00045565	16/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5102	00045566	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5103	00045567	16/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5104	00045568	16/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
5105	00045569	16/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5106	00045570	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5107	00045571	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5108	00045572	16/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5109	00045573	16/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5110	00045574	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5111	00045575	16/01/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
5112	00045576	16/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5113	00045577	16/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5114	00045578	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5115	00045579	16/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5116	00045580	16/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5117	00045581	16/01/2017	\$0.00	\$259.00	\$259.00	\$0.00	\$0.00	\$259.00	
5118	00045582	17/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5119	00045583	17/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5120	00045584	17/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5121	00045585	17/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5122	00045586	17/01/2017	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5123	00045587	17/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5124	00045588	17/01/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
5125	00045589	17/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5126	00045590	17/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5127	00045591	17/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5128	00045592	17/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5129	00045593	17/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5130	00045594	17/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
5131	00045595	17/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5132	00045596	17/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5133	00045597	17/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5134	00045598	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5135	00045599	17/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5136	00045600	17/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5137	00045601	17/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5138	00045602	17/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5139	00045603	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5140	00045604	17/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5141	00045605	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5142	00045606	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5143	00045607	17/01/2017	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
5144	00045608	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5145	00045609	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5146	00045610	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5147	00045611	17/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5148	00045612	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5149	00045613	17/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5150	00045614	17/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5151	00045615	17/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5152	00045616	17/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5153	00045617	17/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5154	00045618	17/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5155	00045619	17/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5156	00045620	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5157	00045621	17/01/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
5158	00045622	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5159	00045623	17/01/2017	\$10.00	\$5.50	\$15.50	\$0.00	\$0.00	\$15.50	
5160	00045624	17/01/2017	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
5161	00045625	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5162	00045626	17/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5163	00045627	17/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5164	00045628	17/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5165	00045629	17/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5166	00045630	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5167	00045631	17/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
5168	00045632	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5169	00045633	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5170	00045634	17/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5171	00045635	17/01/2017	\$30.00	\$6.00	\$36.00	\$0.00	\$0.00	\$36.00	
5172	00045636	17/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5173	00045637	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5174	00045638	17/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5175	00045639	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5176	00045640	17/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5177	00045641	17/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5178	00045642	17/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5179	00045643	17/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5180	00045644	17/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5181	00045645	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5182	00045646	17/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5183	00045647	17/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5184	00045648	17/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
5185	00045649	17/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5186	00045650	17/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5187	00045651	17/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
5188	00045652	17/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5189	00045653	17/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
5190	00045654	17/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5191	00045655	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5192	00045656	17/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5193	00045657	17/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5194	00045658	17/01/2017	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	
5195	00045659	17/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5196	00045660	17/01/2017	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
5197	00045661	17/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5198	00045662	17/01/2017	\$0.00	\$145.00	\$145.00	\$0.00	\$0.00	\$145.00	
5199	00045663	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5200	00045664	18/01/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5201	00045665	18/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5202	00045666	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5203	00045667	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5204	00045668	18/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5205	00045669	18/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5206	00045670	18/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5207	00045671	18/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5208	00045672	18/01/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
5209	00045673	18/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5210	00045674	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5211	00045675	18/01/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
5212	00045676	18/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
5213	00045677	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5214	00045678	18/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
5215	00045679	18/01/2017	\$110.00	\$7.00	\$117.00	\$0.00	\$0.00	\$117.00	
5216	00045680	18/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5217	00045681	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5218	00045682	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5219	00045683	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5220	00045684	18/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5221	00045685	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5222	00045686	18/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5223	00045687	18/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5224	00045688	18/01/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
5225	00045689	18/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5226	00045690	18/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5227	00045691	18/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5228	00045692	18/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5229	00045693	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5230	00045694	18/01/2017	\$12.00	\$6.00	\$18.00	\$0.00	\$0.00	\$18.00	
5231	00045695	18/01/2017	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
5232	00045696	18/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5233	00045697	18/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5234	00045698	18/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5235	00045699	18/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5236	00045700	18/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5237	00045701	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5238	00045702	18/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5239	00045703	18/01/2017	\$15.00	\$6.00	\$21.00	\$0.00	\$0.00	\$21.00	
5240	00045704	18/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5241	00045705	18/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5242	00045706	18/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5243	00045707	18/01/2017	\$11.50	\$6.00	\$17.50	\$0.00	\$0.00	\$17.50	
5244	00045708	18/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5245	00045709	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5246	00045710	18/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5247	00045711	18/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5248	00045712	18/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5249	00045713	18/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5250	00045714	18/01/2017	\$20.00	\$21.00	\$41.00	\$0.00	\$0.00	\$41.00	
5251	00045715	18/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5252	00045716	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5253	00045717	18/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5254	00045718	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5255	00045719	18/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5256	00045720	18/01/2017	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	
5257	00045721	18/01/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
5258	00045722	18/01/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
5259	00045723	18/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5260	00045724	18/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5261	00045725	18/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5262	00045726	18/01/2017	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
5263	00045727	18/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5264	00045728	18/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5265	00045729	18/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5266	00045730	18/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5267	00045731	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5268	00045732	18/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5269	00045733	18/01/2017	\$25.00	\$23.00	\$48.00	\$2.00	\$0.00	\$46.00	
5270	00045734	18/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5271	00045735	18/01/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
5272	00045736	18/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5273	00045737	18/01/2017	\$0.00	\$183.00	\$183.00	\$0.00	\$0.00	\$183.00	
5274	00045738	18/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5275	00045739	18/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5276	00045740	18/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5277	00045741	18/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5278	00045742	18/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5279	00045743	19/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5280	00045744	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5281	00045745	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5282	00045746	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5283	00045747	19/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5284	00045748	19/01/2017	\$0.00	\$16.00	\$16.00	\$0.00	\$0.00	\$16.00	
5285	00045749	19/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5286	00045750	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5287	00045751	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5288	00045752	19/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5289	00045753	19/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5290	00045754	19/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5291	00045755	19/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5292	00045756	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5293	00045757	19/01/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
5294	00045758	19/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5295	00045759	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5296	00045760	19/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5297	00045761	19/01/2017	\$15.00	\$1.00	\$16.00	\$0.00	\$0.00	\$16.00	
5298	00045762	19/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5299	00045763	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5300	00045764	19/01/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
5301	00045765	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5302	00045766	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5303	00045767	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5304	00045768	19/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5305	00045769	19/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5306	00045770	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5307	00045771	19/01/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
5308	00045772	19/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5309	00045773	19/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5310	00045774	19/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5311	00045775	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5312	00045776	19/01/2017	\$55.00	\$29.00	\$84.00	\$0.00	\$0.00	\$84.00	
5313	00045777	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5314	00045778	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5315	00045779	19/01/2017	\$35.00	\$16.00	\$51.00	\$0.00	\$0.00	\$51.00	
5316	00045780	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5317	00045781	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5318	00045782	19/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5319	00045783	19/01/2017	\$40.00	\$15.00	\$55.00	\$0.00	\$0.00	\$55.00	
5320	00045784	19/01/2017	\$110.00	\$5.00	\$115.00	\$0.00	\$0.00	\$115.00	
5321	00045785	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5322	00045786	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5323	00045787	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5324	00045788	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5325	00045789	19/01/2017	\$10.00	\$7.50	\$17.50	\$0.00	\$0.00	\$17.50	
5326	00045790	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5327	00045791	19/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5328	00045792	19/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5329	00045793	19/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5330	00045794	19/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5331	00045795	19/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5332	00045796	19/01/2017	\$25.00	\$24.00	\$49.00	\$0.00	\$0.00	\$49.00	
5333	00045797	19/01/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
5334	00045798	19/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5335	00045799	19/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5336	00045800	19/01/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
5337	00045801	19/01/2017	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	
5338	00045802	19/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5339	00045803	19/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5340	00045804	19/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5341	00045805	19/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5342	00045806	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5343	00045807	19/01/2017	\$160.00	\$21.00	\$181.00	\$0.00	\$0.00	\$181.00	
5344	00045808	19/01/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
5345	00045809	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5346	00045810	19/01/2017	\$30.00	\$6.00	\$36.00	\$0.00	\$0.00	\$36.00	
5347	00045811	19/01/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
5348	00045812	19/01/2017	\$10.00	\$4.20	\$14.20	\$0.20	\$0.00	\$14.00	
5349	00045813	19/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5350	00045814	19/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5351	00045815	20/01/2017	\$0.00	\$55.00	\$55.00	\$0.00	\$0.00	\$55.00	
5352	00045816	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5353	00045817	20/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5354	00045818	20/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5355	00045819	20/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
5356	00045820	20/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5357	00045821	20/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5358	00045822	20/01/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
5359	00045823	20/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5360	00045824	20/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5361	00045825	20/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5362	00045826	20/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5363	00045827	20/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
5364	00045828	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5365	00045829	20/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5366	00045830	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5367	00045831	20/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
5368	00045832	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5369	00045833	20/01/2017	\$12.00	\$7.00	\$19.00	\$0.00	\$0.00	\$19.00	
5370	00045834	20/01/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
5371	00045835	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5372	00045836	20/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5373	00045837	20/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5374	00045838	20/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5375	00045839	20/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5376	00045840	20/01/2017	\$10.00	\$11.50	\$21.50	\$0.00	\$0.00	\$21.50	
5377	00045841	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5378	00045842	20/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
5379	00045843	20/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5380	00045844	20/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5381	00045845	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5382	00045846	20/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5383	00045847	20/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5384	00045848	20/01/2017	\$10.00	\$0.10	\$10.10	\$0.00	\$0.00	\$10.10	
5385	00045849	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5386	00045850	20/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5387	00045851	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5388	00045852	20/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5389	00045853	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5390	00045854	20/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5391	00045855	20/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5392	00045856	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5393	00045857	20/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5394	00045858	20/01/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
5395	00045859	20/01/2017	\$12.00	\$18.00	\$30.00	\$0.00	\$0.00	\$30.00	
5396	00045860	20/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5397	00045861	20/01/2017	\$50.00	\$8.00	\$58.00	\$0.00	\$0.00	\$58.00	
5398	00045862	20/01/2017	\$40.00	\$8.00	\$48.00	\$0.00	\$0.00	\$48.00	
5399	00045863	20/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5400	00045864	20/01/2017	\$45.00	\$5.00	\$50.00	\$0.00	\$0.00	\$50.00	
5401	00045865	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5402	00045866	20/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5403	00045867	20/01/2017	\$11.50	\$2.00	\$13.50	\$0.00	\$0.00	\$13.50	
5404	00045868	20/01/2017	\$25.00	\$21.00	\$46.00	\$0.00	\$0.00	\$46.00	
5405	00045869	20/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5406	00045870	20/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
5407	00045871	20/01/2017	\$10.00	\$9.50	\$19.50	\$0.00	\$0.00	\$19.50	
5408	00045872	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5409	00045873	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5410	00045874	20/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5411	00045875	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5412	00045876	20/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5413	00045877	20/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
5414	00045878	20/01/2017	\$0.00	\$58.00	\$58.00	\$0.00	\$0.00	\$58.00	
5415	00045879	20/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5416	00045880	21/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5417	00045881	21/01/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
5418	00045882	21/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5419	00045883	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5420	00045884	21/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5421	00045885	21/01/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
5422	00045886	21/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5423	00045887	21/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5424	00045888	21/01/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
5425	00045889	21/01/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
5426	00045890	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5427	00045891	21/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5428	00045892	21/01/2017	\$12.50	\$11.00	\$23.50	\$0.00	\$0.00	\$23.50	
5429	00045893	21/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5430	00045894	21/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5431	00045895	21/01/2017	\$10.00	\$9.10	\$19.10	\$0.00	\$0.00	\$19.10	
5432	00045896	21/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5433	00045897	21/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5434	00045898	21/01/2017	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5435	00045899	21/01/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
5436	00045900	21/01/2017	\$10.00	\$20.70	\$30.70	\$0.00	\$0.00	\$30.70	
5437	00045901	21/01/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
5438	00045902	21/01/2017	\$11.50	\$3.00	\$14.50	\$0.00	\$0.00	\$14.50	
5439	00045903	21/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5440	00045904	21/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5441	00045905	21/01/2017	\$15.00	\$16.50	\$31.50	\$0.00	\$0.00	\$31.50	
5442	00045906	21/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5443	00045907	21/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5444	00045908	21/01/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
5445	00045909	21/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5446	00045910	21/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5447	00045911	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5448	00045912	21/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5449	00045913	21/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5450	00045914	21/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5451	00045915	21/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5452	00045916	21/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5453	00045917	21/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5454	00045918	21/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5455	00045919	21/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5456	00045920	21/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5457	00045921	21/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5458	00045922	21/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5459	00045923	21/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5460	00045924	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5461	00045925	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5462	00045926	21/01/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
5463	00045927	21/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5464	00045928	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5465	00045929	21/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5466	00045930	21/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5467	00045931	21/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5468	00045932	21/01/2017	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
5469	00045933	21/01/2017	\$60.00	\$6.00	\$66.00	\$0.00	\$0.00	\$66.00	
5470	00045934	21/01/2017	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
5471	00045935	21/01/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
5472	00045936	21/01/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
5473	00045937	21/01/2017	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
5474	00045938	21/01/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
5475	00045939	21/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
5476	00045940	21/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5477	00045941	21/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5478	00045942	21/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5479	00045943	21/01/2017	\$15.00	\$21.00	\$36.00	\$0.00	\$0.00	\$36.00	
5480	00045944	21/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5481	00045945	21/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5482	00045946	21/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5483	00045947	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5484	00045948	21/01/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
5485	00045949	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5486	00045950	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5487	00045951	21/01/2017	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	
5488	00045952	21/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5489	00045953	21/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5490	00045954	21/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5491	00045955	21/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5492	00045956	21/01/2017	\$0.00	\$188.00	\$188.00	\$0.00	\$0.00	\$188.00	
5493	00045957	21/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5494	00045958	21/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5495	00045959	22/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5496	00045960	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5497	00045961	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5498	00045962	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5499	00045963	22/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5500	00045964	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5501	00045965	22/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5502	00045966	22/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5503	00045967	22/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5504	00045968	22/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5505	00045969	22/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5506	00045970	22/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5507	00045971	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5508	00045972	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5509	00045973	22/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5510	00045974	22/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5511	00045975	22/01/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
5512	00045976	22/01/2017	\$0.00	\$5.50	\$5.50	\$0.00	\$0.00	\$5.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5513	00045977	22/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5514	00045978	22/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5515	00045979	22/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5516	00045980	22/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5517	00045981	22/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5518	00045982	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5519	00045983	22/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5520	00045984	22/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5521	00045985	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5522	00045986	22/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5523	00045987	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5524	00045988	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5525	00045989	22/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5526	00045990	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5527	00045991	22/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5528	00045992	22/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5529	00045993	22/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5530	00045994	22/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5531	00045995	22/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5532	00045996	22/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
5533	00045997	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5534	00045998	22/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
5535	00045999	22/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5536	00046000	22/01/2017	\$35.00	\$8.50	\$43.50	\$0.00	\$0.00	\$43.50	
5537	00046001	22/01/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
5538	00046002	22/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5539	00046003	22/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5540	00046004	22/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5541	00046005	22/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5542	00046006	22/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5543	00046007	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5544	00046008	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5545	00046009	23/01/2017	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
5546	00046010	23/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5547	00046011	23/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5548	00046012	23/01/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
5549	00046013	23/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5550	00046014	23/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5551	00046015	23/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5552	00046016	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5553	00046017	23/01/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
5554	00046018	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5555	00046019	23/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5556	00046020	23/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5557	00046021	23/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5558	00046022	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5559	00046023	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5560	00046024	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5561	00046025	23/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5562	00046026	23/01/2017	\$20.00	\$7.00	\$27.00	\$0.00	\$0.00	\$27.00	
5563	00046027	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5564	00046028	23/01/2017	\$110.00	\$8.00	\$118.00	\$0.00	\$0.00	\$118.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5565	00046029	23/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5566	00046030	23/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
5567	00046031	23/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5568	00046032	23/01/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
5569	00046033	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5570	00046034	23/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5571	00046035	23/01/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
5572	00046036	23/01/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
5573	00046037	23/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5574	00046038	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5575	00046039	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5576	00046040	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5577	00046041	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5578	00046042	23/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5579	00046043	23/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5580	00046044	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5581	00046045	23/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5582	00046046	23/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5583	00046047	23/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5584	00046048	23/01/2017	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
5585	00046049	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5586	00046050	23/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5587	00046051	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5588	00046052	23/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5589	00046053	23/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
5590	00046054	23/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5591	00046055	23/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5592	00046056	23/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5593	00046057	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5594	00046058	23/01/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
5595	00046059	23/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
5596	00046060	23/01/2017	\$15.00	\$4.00	\$19.00	\$0.00	\$0.00	\$19.00	
5597	00046061	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5598	00046062	23/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5599	00046063	23/01/2017	\$15.00	\$4.00	\$19.00	\$0.00	\$0.00	\$19.00	
5600	00046064	23/01/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
5601	00046065	23/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5602	00046066	23/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5603	00046067	23/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5604	00046068	23/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5605	00046069	23/01/2017	\$35.00	\$13.00	\$48.00	\$0.00	\$0.00	\$48.00	
5606	00046070	23/01/2017	\$10.00	\$90.00	\$100.00	\$0.00	\$0.00	\$100.00	
5607	00046071	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5608	00046072	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5609	00046073	23/01/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
5610	00046074	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5611	00046075	23/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5612	00046076	23/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5613	00046077	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5614	00046078	23/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5615	00046079	23/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5616	00046080	23/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5617	00046081	23/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5618	00046082	23/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5619	00046083	23/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5620	00046084	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5621	00046085	23/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5622	00046086	23/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5623	00046087	23/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5624	00046088	23/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5625	00046089	23/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5626	00046090	23/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5627	00046091	23/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5628	00046092	23/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5629	00046093	23/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5630	00046094	23/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5631	00046095	23/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5632	00046096	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5633	00046097	23/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
5634	00046098	23/01/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
5635	00046099	23/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5636	00046100	23/01/2017	\$30.00	\$6.00	\$36.00	\$0.00	\$0.00	\$36.00	
5637	00046101	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5638	00046102	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5639	00046103	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5640	00046104	23/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
5641	00046105	23/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
5642	00046106	23/01/2017	\$12.50	\$11.00	\$23.50	\$0.00	\$0.00	\$23.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5643	00046107	23/01/2017	\$10.00	\$37.00	\$47.00	\$0.00	\$0.00	\$47.00	
5644	00046108	23/01/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
5645	00046109	23/01/2017	\$25.00	\$21.00	\$46.00	\$0.00	\$0.00	\$46.00	
5646	00046110	23/01/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
5647	00046111	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5648	00046112	23/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5649	00046113	23/01/2017	\$0.00	\$180.00	\$180.00	\$0.00	\$0.00	\$180.00	
5650	00046114	23/01/2017	\$17.50	\$3.00	\$20.50	\$0.00	\$0.00	\$20.50	
5651	00046115	24/01/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
5652	00046116	24/01/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
5653	00046117	24/01/2017	\$1.50	\$5.00	\$6.50	\$0.00	\$0.00	\$6.50	
5654	00046118	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5655	00046119	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5656	00046120	24/01/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
5657	00046121	24/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5658	00046122	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5659	00046123	24/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5660	00046124	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5661	00046125	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5662	00046126	24/01/2017	\$0.00	\$21.00	\$21.00	\$0.00	\$0.00	\$21.00	
5663	00046127	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5664	00046128	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5665	00046129	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5666	00046130	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5667	00046131	24/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5668	00046132	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5669	00046133	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5670	00046134	24/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5671	00046135	24/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5672	00046136	24/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5673	00046137	24/01/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
5674	00046138	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5675	00046139	24/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5676	00046140	24/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
5677	00046141	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5678	00046142	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5679	00046143	24/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5680	00046144	24/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5681	00046145	24/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5682	00046146	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5683	00046147	24/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5684	00046148	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5685	00046149	24/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5686	00046150	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5687	00046151	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5688	00046152	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5689	00046153	24/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5690	00046154	24/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5691	00046155	24/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5692	00046156	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5693	00046157	24/01/2017	\$0.00	\$1.50	\$1.50	\$0.00	\$0.00	\$1.50	
5694	00046158	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5695	00046159	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5696	00046160	24/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5697	00046161	24/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5698	00046162	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5699	00046163	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5700	00046164	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5701	00046165	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5702	00046166	24/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5703	00046167	24/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
5704	00046168	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5705	00046169	24/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5706	00046170	24/01/2017	\$30.00	\$6.00	\$36.00	\$0.00	\$0.00	\$36.00	
5707	00046171	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5708	00046172	24/01/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
5709	00046173	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5710	00046174	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5711	00046175	24/01/2017	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
5712	00046176	24/01/2017	\$11.50	\$3.00	\$14.50	\$0.00	\$0.00	\$14.50	
5713	00046177	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5714	00046178	24/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5715	00046179	24/01/2017	\$30.00	\$25.00	\$55.00	\$0.00	\$0.00	\$55.00	
5716	00046180	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5717	00046181	24/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5718	00046182	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5719	00046183	24/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5720	00046184	24/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5721	00046185	24/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5722	00046186	24/01/2017	\$34.00	\$5.00	\$39.00	\$0.00	\$0.00	\$39.00	
5723	00046187	24/01/2017	\$25.00	\$21.00	\$46.00	\$0.00	\$0.00	\$46.00	
5724	00046188	24/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5725	00046189	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5726	00046190	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5727	00046191	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5728	00046192	24/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5729	00046193	24/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5730	00046194	24/01/2017	\$35.00	\$5.50	\$40.50	\$0.00	\$0.00	\$40.50	
5731	00046195	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5732	00046196	24/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5733	00046197	24/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5734	00046198	24/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
5735	00046199	24/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
5736	00046200	24/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5737	00046201	24/01/2017	\$0.00	\$199.00	\$199.00	\$0.00	\$0.00	\$199.00	
5738	00046202	24/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5739	00046203	24/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5740	00046204	24/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5741	00046205	25/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5742	00046206	25/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5743	00046207	25/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5744	00046208	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5745	00046209	25/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
5746	00046210	25/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5747	00046211	25/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5748	00046212	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5749	00046213	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5750	00046214	25/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5751	00046215	25/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5752	00046216	25/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
5753	00046217	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5754	00046218	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5755	00046219	25/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
5756	00046220	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5757	00046221	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5758	00046222	25/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5759	00046223	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5760	00046224	25/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5761	00046225	25/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5762	00046226	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5763	00046227	25/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5764	00046228	25/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5765	00046229	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5766	00046230	25/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
5767	00046231	25/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5768	00046232	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5769	00046233	25/01/2017	\$60.00	\$7.00	\$67.00	\$0.00	\$0.00	\$67.00	
5770	00046234	25/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5771	00046235	25/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5772	00046236	25/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5773	00046237	25/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5774	00046238	25/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5775	00046239	25/01/2017	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
5776	00046240	25/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5777	00046241	25/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5778	00046242	25/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5779	00046243	25/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5780	00046244	25/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5781	00046245	25/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5782	00046246	25/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5783	00046247	25/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5784	00046248	25/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5785	00046249	25/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5786	00046250	25/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5787	00046251	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5788	00046252	25/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5789	00046253	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5790	00046254	25/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5791	00046255	25/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5792	00046256	25/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5793	00046257	25/01/2017	\$35.00	\$6.00	\$41.00	\$0.00	\$0.00	\$41.00	
5794	00046258	25/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5795	00046259	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5796	00046260	25/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5797	00046261	25/01/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
5798	00046262	25/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5799	00046263	25/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5800	00046264	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5801	00046265	25/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5802	00046266	25/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5803	00046267	25/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5804	00046268	25/01/2017	\$0.00	\$141.00	\$141.00	\$0.00	\$0.00	\$141.00	
5805	00046269	25/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5806	00046270	26/01/2017	\$10.00	\$65.00	\$75.00	\$0.00	\$0.00	\$75.00	
5807	00046271	26/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5808	00046272	26/01/2017	\$40.00	\$7.00	\$47.00	\$0.00	\$0.00	\$47.00	
5809	00046273	26/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5810	00046274	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5811	00046275	26/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
5812	00046276	26/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
5813	00046277	26/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
5814	00046278	26/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5815	00046279	26/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5816	00046280	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5817	00046281	26/01/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
5818	00046282	26/01/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
5819	00046283	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5820	00046284	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5821	00046285	26/01/2017	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
5822	00046286	26/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5823	00046287	26/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5824	00046288	26/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5825	00046289	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5826	00046290	26/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5827	00046291	26/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5828	00046292	26/01/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
5829	00046293	26/01/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
5830	00046294	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5831	00046295	26/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5832	00046296	26/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5833	00046297	26/01/2017	\$10.00	\$1.50	\$11.50	\$0.00	\$0.00	\$11.50	
5834	00046298	26/01/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
5835	00046299	26/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5836	00046300	26/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5837	00046301	26/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5838	00046302	26/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5839	00046303	26/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5840	00046304	26/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5841	00046305	26/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
5842	00046306	26/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5843	00046307	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5844	00046308	26/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5845	00046309	26/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5846	00046310	26/01/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
5847	00046311	26/01/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
5848	00046312	26/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5849	00046313	26/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5850	00046314	26/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5851	00046315	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5852	00046316	26/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5853	00046317	26/01/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
5854	00046318	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5855	00046319	26/01/2017	\$32.00	\$10.00	\$42.00	\$0.00	\$0.00	\$42.00	
5856	00046320	26/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5857	00046321	26/01/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
5858	00046322	26/01/2017	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
5859	00046323	26/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5860	00046324	26/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5861	00046325	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5862	00046326	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5863	00046327	26/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5864	00046328	26/01/2017	\$0.00	\$263.00	\$263.00	\$0.00	\$0.00	\$263.00	
5865	00046329	26/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5866	00046330	27/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5867	00046331	30/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5868	00046332	30/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5869	00046333	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5870	00046334	30/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5871	00046335	30/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5872	00046336	30/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5873	00046337	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5874	00046338	30/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
5875	00046339	30/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5876	00046340	30/01/2017	\$0.00	\$12.00	\$12.00	\$0.00	\$0.00	\$12.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5877	00046341	30/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5878	00046342	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5879	00046343	30/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
5880	00046344	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5881	00046345	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5882	00046346	30/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5883	00046347	30/01/2017	\$10.00	\$14.00	\$24.00	\$24.00	\$0.00	\$0.00	
5884	00046348	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5885	00046349	30/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5886	00046350	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5887	00046351	30/01/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
5888	00046352	30/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5889	00046353	30/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5890	00046354	30/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5891	00046355	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5892	00046356	30/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5893	00046357	30/01/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
5894	00046358	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5895	00046359	30/01/2017	\$40.00	\$6.00	\$46.00	\$0.00	\$0.00	\$46.00	
5896	00046360	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5897	00046361	30/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
5898	00046362	30/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5899	00046363	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5900	00046364	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5901	00046365	30/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5902	00046366	30/01/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5903	00046367	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5904	00046368	30/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5905	00046369	30/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5906	00046370	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5907	00046371	30/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5908	00046372	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5909	00046373	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5910	00046374	30/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5911	00046375	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5912	00046376	30/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5913	00046377	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5914	00046378	30/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5915	00046379	30/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5916	00046380	30/01/2017	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
5917	00046381	30/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5918	00046382	30/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5919	00046383	30/01/2017	\$32.00	\$11.00	\$43.00	\$0.00	\$0.00	\$43.00	
5920	00046384	30/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5921	00046385	30/01/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
5922	00046386	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5923	00046387	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5924	00046388	30/01/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
5925	00046389	30/01/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
5926	00046390	30/01/2017	\$10.00	\$17.00	\$27.00	\$2.00	\$0.00	\$25.00	
5927	00046391	30/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5928	00046392	30/01/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5929	00046393	30/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5930	00046394	30/01/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
5931	00046395	30/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5932	00046396	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5933	00046397	30/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5934	00046398	30/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5935	00046399	30/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5936	00046400	30/01/2017	\$35.00	\$7.00	\$42.00	\$0.00	\$0.00	\$42.00	
5937	00046401	30/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5938	00046402	30/01/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
5939	00046403	30/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5940	00046404	30/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5941	00046405	30/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5942	00046406	30/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5943	00046407	30/01/2017	\$0.00	\$344.00	\$344.00	\$0.00	\$0.00	\$344.00	
5944	00046408	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5945	00046409	31/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5946	00046410	31/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5947	00046411	31/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5948	00046412	31/01/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
5949	00046413	31/01/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
5950	00046414	31/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5951	00046415	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5952	00046416	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5953	00046417	31/01/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
5954	00046418	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5955	00046419	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5956	00046420	31/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5957	00046421	31/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5958	00046422	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5959	00046423	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5960	00046424	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5961	00046425	31/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5962	00046426	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5963	00046427	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5964	00046428	31/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
5965	00046429	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5966	00046430	31/01/2017	\$0.00	\$1,464.00	\$1,464.00	\$1,464.00	\$0.00	\$0.00	
5967	00046431	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5968	00046432	31/01/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
5969	00046433	31/01/2017	\$30.00	\$3.00	\$33.00	\$0.00	\$0.00	\$33.00	
5970	00046434	31/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
5971	00046435	31/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5972	00046436	31/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5973	00046437	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5974	00046438	31/01/2017	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
5975	00046439	31/01/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
5976	00046440	31/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
5977	00046441	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5978	00046442	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5979	00046443	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5980	00046444	31/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
5981	00046445	31/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5982	00046446	31/01/2017	\$35.00	\$5.10	\$40.10	\$0.00	\$0.00	\$40.10	
5983	00046447	31/01/2017	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
5984	00046448	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5985	00046449	31/01/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
5986	00046450	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5987	00046451	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5988	00046452	31/01/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
5989	00046453	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
5990	00046454	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5991	00046455	31/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
5992	00046456	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
5993	00046457	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
5994	00046458	31/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
5995	00046459	31/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
5996	00046460	31/01/2017	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
5997	00046461	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
5998	00046462	31/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
5999	00046463	31/01/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
6000	00046464	31/01/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
6001	00046465	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6002	00046466	31/01/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
6003	00046467	31/01/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6004	00046468	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6005	00046469	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6006	00046470	31/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6007	00046471	31/01/2017	\$12.00	\$12.00	\$24.00	\$0.00	\$0.00	\$24.00	
6008	00046472	31/01/2017	\$10.00	\$12.60	\$22.60	\$0.10	\$0.00	\$22.50	
6009	00046473	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6010	00046474	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6011	00046475	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6012	00046476	31/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6013	00046477	31/01/2017	\$130.00	\$8.00	\$138.00	\$0.00	\$0.00	\$138.00	
6014	00046478	31/01/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6015	00046479	31/01/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6016	00046480	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6017	00046481	31/01/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6018	00046482	31/01/2017	\$35.00	\$10.50	\$45.50	\$0.00	\$0.00	\$45.50	
6019	00046483	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6020	00046484	31/01/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6021	00046485	31/01/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
6022	00046486	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6023	00046487	31/01/2017	\$10.00	\$32.00	\$42.00	\$0.00	\$0.00	\$42.00	
6024	00046488	31/01/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6025	00046489	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6026	00046490	31/01/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6027	00046491	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6028	00046492	31/01/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6029	00046493	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6030	00046494	31/01/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
6031	00046495	31/01/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6032	00046496	31/01/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6033	00046497	31/01/2017	\$0.00	\$106.00	\$106.00	\$0.00	\$0.00	\$106.00	
6034	00046498	31/01/2017	\$12.00	\$14.50	\$26.50	\$0.00	\$0.00	\$26.50	
6035	00046499	01/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6036	00046500	01/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6037	00046501	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6038	00046502	01/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6039	00046503	01/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6040	00046504	01/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
6041	00046505	01/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6042	00046506	01/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6043	00046507	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6044	00046508	01/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6045	00046509	01/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6046	00046510	01/02/2017	\$40.00	\$8.00	\$48.00	\$0.00	\$0.00	\$48.00	
6047	00046511	01/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6048	00046512	01/02/2017	\$35.00	\$10.00	\$45.00	\$0.00	\$0.00	\$45.00	
6049	00046513	01/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6050	00046514	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6051	00046515	01/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6052	00046516	01/02/2017	\$20.00	\$7.00	\$27.00	\$0.00	\$0.00	\$27.00	
6053	00046517	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6054	00046518	01/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6055	00046519	01/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6056	00046520	01/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6057	00046521	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6058	00046522	01/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6059	00046523	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6060	00046524	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6061	00046525	01/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6062	00046526	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6063	00046527	01/02/2017	\$110.00	\$3.00	\$113.00	\$0.00	\$0.00	\$113.00	
6064	00046528	01/02/2017	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
6065	00046529	01/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6066	00046530	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6067	00046531	01/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6068	00046532	01/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6069	00046533	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6070	00046534	01/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6071	00046535	01/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6072	00046536	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6073	00046537	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6074	00046538	01/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
6075	00046539	01/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6076	00046540	01/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
6077	00046541	01/02/2017	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
6078	00046542	01/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6079	00046543	01/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6080	00046544	01/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
6081	00046545	01/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6082	00046546	01/02/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
6083	00046547	01/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6084	00046548	01/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6085	00046549	01/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
6086	00046550	01/02/2017	\$12.00	\$20.00	\$32.00	\$0.00	\$0.00	\$32.00	
6087	00046551	01/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6088	00046552	01/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6089	00046553	01/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
6090	00046554	01/02/2017	\$11.50	\$8.00	\$19.50	\$0.00	\$0.00	\$19.50	
6091	00046555	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6092	00046556	01/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6093	00046557	01/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
6094	00046558	01/02/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
6095	00046559	01/02/2017	\$10.00	\$13.10	\$23.10	\$0.00	\$0.00	\$23.10	
6096	00046560	01/02/2017	\$37.00	\$7.00	\$44.00	\$0.00	\$0.00	\$44.00	
6097	00046561	01/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6098	00046562	01/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6099	00046563	01/02/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
6100	00046564	01/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6101	00046565	01/02/2017	\$0.00	\$121.00	\$121.00	\$0.00	\$0.00	\$121.00	
6102	00046566	02/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6103	00046567	02/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6104	00046568	02/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6105	00046569	02/02/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
6106	00046570	02/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6107	00046571	02/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6108	00046572	02/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6109	00046573	02/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6110	00046574	02/02/2017	\$10.00	\$33.00	\$43.00	\$0.00	\$0.00	\$43.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6111	00046575	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6112	00046576	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6113	00046577	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6114	00046578	02/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6115	00046579	02/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6116	00046580	02/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
6117	00046581	02/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6118	00046582	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6119	00046583	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6120	00046584	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6121	00046585	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6122	00046586	02/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6123	00046587	02/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6124	00046588	02/02/2017	\$40.00	\$8.00	\$48.00	\$0.00	\$0.00	\$48.00	
6125	00046589	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6126	00046590	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6127	00046591	02/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6128	00046592	02/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6129	00046593	02/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6130	00046594	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6131	00046595	02/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6132	00046596	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6133	00046597	02/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6134	00046598	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6135	00046599	02/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6136	00046600	02/02/2017	\$10.00	\$5.80	\$15.80	\$0.00	\$0.00	\$15.80	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6137	00046601	02/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6138	00046602	02/02/2017	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
6139	00046603	02/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6140	00046604	02/02/2017	\$30.00	\$6.00	\$36.00	\$0.00	\$0.00	\$36.00	
6141	00046605	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6142	00046606	02/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6143	00046607	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6144	00046608	02/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6145	00046609	02/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6146	00046610	02/02/2017	\$40.00	\$11.00	\$51.00	\$0.00	\$0.00	\$51.00	
6147	00046611	02/02/2017	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
6148	00046612	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6149	00046613	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6150	00046614	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6151	00046615	02/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6152	00046616	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6153	00046617	02/02/2017	\$25.00	\$11.00	\$36.00	\$0.00	\$0.00	\$36.00	
6154	00046618	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6155	00046619	02/02/2017	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
6156	00046620	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6157	00046621	02/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6158	00046622	02/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6159	00046623	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6160	00046624	02/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6161	00046625	02/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6162	00046626	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6163	00046627	02/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6164	00046628	02/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6165	00046629	02/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6166	00046630	02/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6167	00046631	02/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
6168	00046632	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6169	00046633	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6170	00046634	02/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6171	00046635	02/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
6172	00046636	02/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6173	00046637	02/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6174	00046638	02/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
6175	00046639	02/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6176	00046640	02/02/2017	\$15.00	\$10.00	\$25.00	\$0.00	\$0.00	\$25.00	
6177	00046641	02/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6178	00046642	02/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6179	00046643	02/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6180	00046644	02/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6181	00046645	02/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
6182	00046646	02/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6183	00046647	02/02/2017	\$0.00	\$193.00	\$193.00	\$0.00	\$0.00	\$193.00	
6184	00046648	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6185	00046649	03/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6186	00046650	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6187	00046651	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6188	00046652	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6189	00046653	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6190	00046654	03/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6191	00046655	03/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6192	00046656	03/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6193	00046657	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6194	00046658	03/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6195	00046659	03/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6196	00046660	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6197	00046661	03/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6198	00046662	03/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6199	00046663	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6200	00046664	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6201	00046665	03/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6202	00046666	03/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6203	00046667	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6204	00046668	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6205	00046669	03/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6206	00046670	03/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6207	00046671	03/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
6208	00046672	03/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6209	00046673	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6210	00046674	03/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6211	00046675	03/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6212	00046676	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6213	00046677	03/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6214	00046678	03/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6215	00046679	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6216	00046680	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6217	00046681	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6218	00046682	03/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6219	00046683	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6220	00046684	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6221	00046685	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6222	00046686	03/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
6223	00046687	03/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6224	00046688	03/02/2017	\$10.00	\$5.80	\$15.80	\$0.30	\$0.00	\$15.50	
6225	00046689	03/02/2017	\$35.00	\$12.00	\$47.00	\$0.00	\$0.00	\$47.00	
6226	00046690	03/02/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
6227	00046691	03/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6228	00046692	03/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6229	00046693	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6230	00046694	03/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6231	00046695	03/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6232	00046696	03/02/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
6233	00046697	03/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6234	00046698	03/02/2017	\$110.00	\$21.00	\$131.00	\$0.00	\$0.00	\$131.00	
6235	00046699	03/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6236	00046700	03/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6237	00046701	03/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6238	00046702	03/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6239	00046703	03/02/2017	\$0.00	\$228.00	\$228.00	\$0.00	\$0.00	\$228.00	
6240	00046704	04/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6241	00046705	04/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6242	00046706	04/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6243	00046707	04/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6244	00046708	04/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6245	00046709	04/02/2017	\$10.00	\$11.20	\$21.20	\$0.00	\$0.00	\$21.20	
6246	00046710	04/02/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
6247	00046711	04/02/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
6248	00046712	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6249	00046713	04/02/2017	\$0.00	\$7.00	\$7.00	\$7.00	\$0.00	\$0.00	
6250	00046714	04/02/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
6251	00046715	04/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6252	00046716	04/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6253	00046717	04/02/2017	\$10.00	\$31.50	\$41.50	\$0.00	\$0.00	\$41.50	
6254	00046718	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6255	00046719	04/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6256	00046720	04/02/2017	\$162.00	\$6.00	\$168.00	\$0.00	\$0.00	\$168.00	
6257	00046721	04/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6258	00046722	04/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
6259	00046723	04/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6260	00046724	04/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6261	00046725	04/02/2017	\$10.00	\$19.50	\$29.50	\$0.00	\$0.00	\$29.50	
6262	00046726	04/02/2017	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
6263	00046727	04/02/2017	\$37.00	\$5.00	\$42.00	\$0.00	\$0.00	\$42.00	
6264	00046728	04/02/2017	\$37.00	\$15.00	\$52.00	\$0.00	\$0.00	\$52.00	
6265	00046729	04/02/2017	\$160.00	\$6.00	\$166.00	\$0.00	\$0.00	\$166.00	
6266	00046730	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6267	00046731	04/02/2017	\$10.00	\$14.50	\$24.50	\$0.00	\$0.00	\$24.50	
6268	00046732	04/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
6269	00046733	04/02/2017	\$30.00	\$1.50	\$31.50	\$0.00	\$0.00	\$31.50	
6270	00046734	04/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
6271	00046735	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6272	00046736	04/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6273	00046737	04/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6274	00046738	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6275	00046739	04/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6276	00046740	04/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6277	00046741	04/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6278	00046742	04/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6279	00046743	04/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6280	00046744	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6281	00046745	04/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6282	00046746	04/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
6283	00046747	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6284	00046748	04/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6285	00046749	04/02/2017	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
6286	00046750	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6287	00046751	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6288	00046752	04/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
6289	00046753	04/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6290	00046754	04/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6291	00046755	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6292	00046756	04/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6293	00046757	04/02/2017	\$110.00	\$9.00	\$119.00	\$0.00	\$0.00	\$119.00	
6294	00046758	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6295	00046759	04/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6296	00046760	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6297	00046761	04/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
6298	00046762	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6299	00046763	04/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6300	00046764	04/02/2017	\$35.00	\$13.00	\$48.00	\$0.00	\$0.00	\$48.00	
6301	00046765	04/02/2017	\$10.00	\$108.00	\$118.00	\$0.00	\$0.00	\$118.00	
6302	00046766	04/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6303	00046767	04/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6304	00046768	04/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6305	00046769	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6306	00046770	04/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
6307	00046771	04/02/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
6308	00046772	04/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6309	00046773	04/02/2017	\$10.00	\$13.10	\$23.10	\$0.10	\$0.00	\$23.00	
6310	00046774	04/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
6311	00046775	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6312	00046776	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6313	00046777	04/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6314	00046778	04/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6315	00046779	04/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6316	00046780	04/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6317	00046781	04/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6318	00046782	04/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6319	00046783	04/02/2017	\$30.00	\$11.00	\$41.00	\$0.00	\$0.00	\$41.00	
6320	00046784	04/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6321	00046785	04/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6322	00046786	04/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6323	00046787	04/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6324	00046788	04/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6325	00046789	04/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6326	00046790	04/02/2017	\$0.00	\$306.00	\$306.00	\$0.00	\$0.00	\$306.00	
6327	00046791	04/02/2017	\$30.00	\$25.00	\$55.00	\$0.00	\$0.00	\$55.00	
6328	00046792	04/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6329	00046793	04/02/2017	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
6330	00046794	05/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6331	00046795	05/02/2017	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
6332	00046796	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6333	00046797	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6334	00046798	05/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6335	00046799	05/02/2017	\$160.00	\$5.00	\$165.00	\$0.00	\$0.00	\$165.00	
6336	00046800	05/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6337	00046801	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6338	00046802	05/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6339	00046803	05/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
6340	00046804	05/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
6341	00046805	05/02/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
6342	00046806	05/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6343	00046807	05/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6344	00046808	05/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6345	00046809	05/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6346	00046810	05/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6347	00046811	05/02/2017	\$10.00	\$28.50	\$38.50	\$0.00	\$0.00	\$38.50	
6348	00046812	05/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6349	00046813	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6350	00046814	05/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6351	00046815	05/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
6352	00046816	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6353	00046817	05/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6354	00046818	05/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6355	00046819	05/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6356	00046820	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6357	00046821	05/02/2017	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	
6358	00046822	05/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6359	00046823	05/02/2017	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
6360	00046824	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6361	00046825	05/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6362	00046826	05/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6363	00046827	05/02/2017	\$112.00	\$11.00	\$123.00	\$0.00	\$0.00	\$123.00	
6364	00046828	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6365	00046829	05/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6366	00046830	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6367	00046831	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6368	00046832	05/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6369	00046833	05/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6370	00046834	05/02/2017	\$12.00	\$7.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6371	00046835	05/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6372	00046836	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6373	00046837	05/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
6374	00046838	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6375	00046839	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6376	00046840	05/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6377	00046841	05/02/2017	\$10.00	\$21.50	\$31.50	\$0.00	\$0.00	\$31.50	
6378	00046842	05/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6379	00046843	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6380	00046844	05/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6381	00046845	05/02/2017	\$0.00	\$21.00	\$21.00	\$0.00	\$0.00	\$21.00	
6382	00046846	05/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6383	00046847	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6384	00046848	05/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6385	00046849	05/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6386	00046850	05/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6387	00046851	05/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6388	00046852	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6389	00046853	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6390	00046854	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6391	00046855	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6392	00046856	05/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6393	00046857	05/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6394	00046858	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6395	00046859	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6396	00046860	05/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6397	00046861	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6398	00046862	05/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6399	00046863	05/02/2017	\$10.00	\$16.00	\$26.00	\$1.00	\$0.00	\$25.00	
6400	00046864	05/02/2017	\$12.00	\$12.00	\$24.00	\$0.00	\$0.00	\$24.00	
6401	00046865	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6402	00046866	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6403	00046867	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6404	00046868	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6405	00046869	05/02/2017	\$10.00	\$6.50	\$16.50	\$0.00	\$0.00	\$16.50	
6406	00046870	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6407	00046871	05/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6408	00046872	05/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6409	00046873	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6410	00046874	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6411	00046875	05/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6412	00046876	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6413	00046877	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6414	00046878	05/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6415	00046879	05/02/2017	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
6416	00046880	05/02/2017	\$0.00	\$107.00	\$107.00	\$0.00	\$0.00	\$107.00	
6417	00046881	05/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6418	00046882	06/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
6419	00046883	06/02/2017	\$10.00	\$35.00	\$45.00	\$2.00	\$0.00	\$43.00	
6420	00046884	06/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
6421	00046885	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6422	00046886	06/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6423	00046887	06/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6424	00046888	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6425	00046889	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6426	00046890	06/02/2017	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	
6427	00046891	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6428	00046892	06/02/2017	\$200.00	\$5.00	\$205.00	\$20.00	\$0.00	\$185.00	
6429	00046893	06/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6430	00046894	06/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6431	00046895	06/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6432	00046896	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6433	00046897	06/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6434	00046898	06/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6435	00046899	06/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6436	00046900	06/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6437	00046901	06/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6438	00046902	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6439	00046903	06/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6440	00046904	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6441	00046905	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6442	00046906	06/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6443	00046907	06/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6444	00046908	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6445	00046909	06/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6446	00046910	06/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6447	00046911	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6448	00046912	06/02/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6449	00046913	06/02/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
6450	00046914	06/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6451	00046915	06/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6452	00046916	06/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6453	00046917	06/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6454	00046918	06/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6455	00046919	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6456	00046920	06/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6457	00046921	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6458	00046922	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6459	00046923	06/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
6460	00046924	06/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6461	00046925	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6462	00046926	06/02/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
6463	00046927	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6464	00046928	06/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6465	00046929	06/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
6466	00046930	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6467	00046931	06/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
6468	00046932	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6469	00046933	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6470	00046934	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6471	00046935	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6472	00046936	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6473	00046937	06/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6474	00046938	06/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6475	00046939	06/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6476	00046940	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6477	00046941	06/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6478	00046942	06/02/2017	\$35.00	\$4.50	\$39.50	\$0.00	\$0.00	\$39.50	
6479	00046943	06/02/2017	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
6480	00046944	06/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6481	00046945	06/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6482	00046946	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6483	00046947	06/02/2017	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	
6484	00046948	06/02/2017	\$37.00	\$25.00	\$62.00	\$0.00	\$0.00	\$62.00	
6485	00046949	06/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
6486	00046950	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6487	00046951	06/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
6488	00046952	06/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6489	00046953	06/02/2017	\$0.00	\$11.00	\$11.00	\$11.00	\$0.00	\$0.00	
6490	00046954	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6491	00046955	06/02/2017	\$37.00	\$10.00	\$47.00	\$0.00	\$0.00	\$47.00	
6492	00046956	06/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6493	00046957	06/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6494	00046958	06/02/2017	\$32.00	\$18.00	\$50.00	\$0.00	\$0.00	\$50.00	
6495	00046959	06/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6496	00046960	06/02/2017	\$110.00	\$4.00	\$114.00	\$0.00	\$0.00	\$114.00	
6497	00046961	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6498	00046962	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6499	00046963	06/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
6500	00046964	06/02/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6501	00046965	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6502	00046966	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6503	00046967	06/02/2017	\$0.00	\$4.00	\$4.00	\$4.00	\$0.00	\$0.00	
6504	00046968	06/02/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
6505	00046969	06/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6506	00046970	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6507	00046971	06/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6508	00046972	06/02/2017	\$200.00	\$5.00	\$205.00	\$10.00	\$0.00	\$195.00	
6509	00046973	06/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
6510	00046974	06/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
6511	00046975	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6512	00046976	06/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
6513	00046977	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6514	00046978	06/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6515	00046979	06/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6516	00046980	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6517	00046981	06/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6518	00046982	06/02/2017	\$12.00	\$9.00	\$21.00	\$0.00	\$0.00	\$21.00	
6519	00046983	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6520	00046984	06/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6521	00046985	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6522	00046986	06/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
6523	00046987	06/02/2017	\$0.00	\$232.00	\$232.00	\$0.00	\$0.00	\$232.00	
6524	00046988	06/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6525	00046989	06/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6526	00046990	06/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6527	00046991	06/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6528	00046992	07/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6529	00046993	07/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6530	00046994	07/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6531	00046995	07/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6532	00046996	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6533	00046997	07/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6534	00046998	07/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6535	00046999	07/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6536	00047000	07/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6537	00047001	07/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6538	00047002	07/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6539	00047003	07/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6540	00047004	07/02/2017	\$10.00	\$12.00	\$22.00	\$22.00	\$0.00	\$0.00	
6541	00047005	07/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6542	00047006	07/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6543	00047007	07/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6544	00047008	07/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6545	00047009	07/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
6546	00047010	07/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
6547	00047011	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6548	00047012	07/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6549	00047013	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6550	00047014	07/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6551	00047015	07/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6552	00047016	07/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6553	00047017	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6554	00047018	07/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6555	00047019	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6556	00047020	07/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6557	00047021	07/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
6558	00047022	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6559	00047023	07/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6560	00047024	07/02/2017	\$0.00	\$9.00	\$9.00	\$9.00	\$0.00	\$0.00	
6561	00047025	07/02/2017	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
6562	00047026	07/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6563	00047027	07/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6564	00047028	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6565	00047029	07/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6566	00047030	07/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6567	00047031	07/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6568	00047032	07/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6569	00047033	07/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6570	00047034	07/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6571	00047035	07/02/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
6572	00047036	07/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6573	00047037	07/02/2017	\$30.00	\$20.00	\$50.00	\$0.00	\$0.00	\$50.00	
6574	00047038	07/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6575	00047039	07/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
6576	00047040	07/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6577	00047041	07/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6578	00047042	07/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6579	00047043	07/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6580	00047044	07/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
6581	00047045	07/02/2017	\$110.00	\$9.00	\$119.00	\$0.00	\$0.00	\$119.00	
6582	00047046	07/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6583	00047047	07/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6584	00047048	07/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6585	00047049	07/02/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
6586	00047050	07/02/2017	\$25.00	\$5.00	\$30.00	\$0.00	\$0.00	\$30.00	
6587	00047051	07/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6588	00047052	07/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6589	00047053	07/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
6590	00047054	07/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6591	00047055	07/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6592	00047056	07/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
6593	00047057	07/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6594	00047058	07/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6595	00047059	07/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6596	00047060	07/02/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
6597	00047061	07/02/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
6598	00047062	07/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6599	00047063	07/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6600	00047064	07/02/2017	\$0.00	\$734.00	\$734.00	\$0.00	\$0.00	\$734.00	
6601	00047065	08/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6602	00047066	08/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6603	00047067	08/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6604	00047068	08/02/2017	\$10.00	\$32.00	\$42.00	\$0.00	\$0.00	\$42.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6605	00047069	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6606	00047070	08/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6607	00047071	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6608	00047072	08/02/2017	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
6609	00047073	08/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6610	00047074	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6611	00047075	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6612	00047076	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6613	00047077	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6614	00047078	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6615	00047079	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6616	00047080	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6617	00047081	08/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6618	00047082	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6619	00047083	08/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6620	00047084	08/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6621	00047085	08/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6622	00047086	08/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6623	00047087	08/02/2017	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
6624	00047088	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6625	00047089	08/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
6626	00047090	08/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6627	00047091	08/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
6628	00047092	08/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6629	00047093	08/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
6630	00047094	08/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6631	00047095	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6632	00047096	08/02/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
6633	00047097	08/02/2017	\$0.00	\$19.00	\$19.00	\$1.00	\$0.00	\$18.00	
6634	00047098	08/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6635	00047099	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6636	00047100	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6637	00047101	08/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6638	00047102	08/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6639	00047103	08/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6640	00047104	08/02/2017	\$0.00	\$0.60	\$0.60	\$0.00	\$0.00	\$0.60	
6641	00047105	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6642	00047106	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6643	00047107	08/02/2017	\$0.00	\$8.00	\$8.00	\$8.00	\$0.00	\$0.00	
6644	00047108	08/02/2017	\$50.00	\$10.00	\$60.00	\$0.00	\$0.00	\$60.00	
6645	00047109	08/02/2017	\$0.00	\$9.00	\$9.00	\$9.00	\$0.00	\$0.00	
6646	00047110	08/02/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
6647	00047111	08/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
6648	00047112	08/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6649	00047113	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6650	00047114	08/02/2017	\$10.00	\$70.00	\$80.00	\$0.00	\$0.00	\$80.00	
6651	00047115	08/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6652	00047116	08/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
6653	00047117	08/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6654	00047118	08/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6655	00047119	08/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6656	00047120	08/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6657	00047121	08/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6658	00047122	08/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
6659	00047123	08/02/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
6660	00047124	08/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6661	00047125	08/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6662	00047126	08/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6663	00047127	08/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6664	00047128	08/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
6665	00047129	08/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6666	00047130	08/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
6667	00047131	08/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
6668	00047132	08/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6669	00047133	08/02/2017	\$11.50	\$26.00	\$37.50	\$0.00	\$0.00	\$37.50	
6670	00047134	08/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
6671	00047135	08/02/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
6672	00047136	08/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6673	00047137	08/02/2017	\$0.00	\$235.00	\$235.00	\$0.00	\$0.00	\$235.00	
6674	00047138	08/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6675	00047139	08/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
6676	00047140	09/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6677	00047141	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6678	00047142	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6679	00047143	09/02/2017	\$10.00	\$16.00	\$26.00	\$1.00	\$0.00	\$25.00	
6680	00047144	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6681	00047145	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6682	00047146	09/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6683	00047147	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6684	00047148	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6685	00047149	09/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6686	00047150	09/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6687	00047151	09/02/2017	\$10.00	\$39.00	\$49.00	\$0.00	\$0.00	\$49.00	
6688	00047152	09/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6689	00047153	09/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6690	00047154	09/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6691	00047155	09/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
6692	00047156	09/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6693	00047157	09/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
6694	00047158	09/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6695	00047159	09/02/2017	\$12.00	\$9.00	\$21.00	\$0.00	\$0.00	\$21.00	
6696	00047160	09/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6697	00047161	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6698	00047162	09/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6699	00047163	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6700	00047164	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6701	00047165	09/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6702	00047166	09/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6703	00047167	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6704	00047168	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6705	00047169	09/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6706	00047170	09/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6707	00047171	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6708	00047172	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6709	00047173	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6710	00047174	09/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6711	00047175	09/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
6712	00047176	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6713	00047177	09/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6714	00047178	09/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6715	00047179	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6716	00047180	09/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6717	00047181	09/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6718	00047182	09/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6719	00047183	09/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6720	00047184	09/02/2017	\$10.00	\$7.00	\$17.00	\$17.00	\$0.00	\$0.00	
6721	00047185	09/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6722	00047186	09/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6723	00047187	09/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6724	00047188	09/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6725	00047189	09/02/2017	\$13.50	\$6.00	\$19.50	\$0.00	\$0.00	\$19.50	
6726	00047190	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6727	00047191	09/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6728	00047192	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6729	00047193	09/02/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
6730	00047194	09/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6731	00047195	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6732	00047196	09/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6733	00047197	09/02/2017	\$25.00	\$16.00	\$41.00	\$0.00	\$0.00	\$41.00	
6734	00047198	09/02/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6735	00047199	09/02/2017	\$110.00	\$5.00	\$115.00	\$0.00	\$0.00	\$115.00	
6736	00047200	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6737	00047201	09/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
6738	00047202	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6739	00047203	09/02/2017	\$45.00	\$12.50	\$57.50	\$0.00	\$0.00	\$57.50	
6740	00047204	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6741	00047205	09/02/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
6742	00047206	09/02/2017	\$310.00	\$6.00	\$316.00	\$0.00	\$0.00	\$316.00	
6743	00047207	09/02/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
6744	00047208	09/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
6745	00047209	09/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6746	00047210	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6747	00047211	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6748	00047212	09/02/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
6749	00047213	09/02/2017	\$11.50	\$7.00	\$18.50	\$0.00	\$0.00	\$18.50	
6750	00047214	09/02/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
6751	00047215	09/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6752	00047216	09/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6753	00047217	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6754	00047218	09/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6755	00047219	09/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6756	00047220	09/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6757	00047221	09/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6758	00047222	09/02/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
6759	00047223	09/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6760	00047224	09/02/2017	\$0.00	\$146.00	\$146.00	\$0.00	\$0.00	\$146.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6761	00047225	09/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6762	00047226	09/02/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
6763	00047227	09/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6764	00047228	10/02/2017	\$10.00	\$47.00	\$57.00	\$0.00	\$0.00	\$57.00	
6765	00047229	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6766	00047230	10/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6767	00047231	10/02/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
6768	00047232	10/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6769	00047233	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6770	00047234	10/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6771	00047235	10/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6772	00047236	10/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
6773	00047237	10/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
6774	00047238	10/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6775	00047239	10/02/2017	\$0.00	\$12.00	\$12.00	\$12.00	\$0.00	\$0.00	
6776	00047240	10/02/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
6777	00047241	10/02/2017	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
6778	00047242	10/02/2017	\$0.00	\$4.00	\$4.00	\$4.00	\$0.00	\$0.00	
6779	00047243	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6780	00047244	10/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
6781	00047245	10/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6782	00047246	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6783	00047247	10/02/2017	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
6784	00047248	10/02/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
6785	00047249	10/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6786	00047250	10/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6787	00047251	10/02/2017	\$12.00	\$9.00	\$21.00	\$0.00	\$0.00	\$21.00	
6788	00047252	10/02/2017	\$25.00	\$4.00	\$29.00	\$0.00	\$0.00	\$29.00	
6789	00047253	10/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
6790	00047254	10/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6791	00047255	10/02/2017	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
6792	00047256	10/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6793	00047257	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6794	00047258	10/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6795	00047259	10/02/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
6796	00047260	10/02/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
6797	00047261	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6798	00047262	10/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6799	00047263	10/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6800	00047264	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6801	00047265	10/02/2017	\$10.00	\$22.00	\$32.00	\$0.00	\$0.00	\$32.00	
6802	00047266	10/02/2017	\$12.50	\$14.00	\$26.50	\$0.00	\$0.00	\$26.50	
6803	00047267	10/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6804	00047268	10/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6805	00047269	10/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6806	00047270	10/02/2017	\$10.00	\$37.00	\$47.00	\$0.00	\$0.00	\$47.00	
6807	00047271	10/02/2017	\$10.00	\$6.50	\$16.50	\$0.00	\$0.00	\$16.50	
6808	00047272	10/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6809	00047273	10/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6810	00047274	10/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
6811	00047275	10/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6812	00047276	10/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6813	00047277	10/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6814	00047278	10/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6815	00047279	10/02/2017	\$0.00	\$79.00	\$79.00	\$0.00	\$0.00	\$79.00	
6816	00047280	11/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6817	00047281	11/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6818	00047282	11/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6819	00047283	11/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6820	00047284	11/02/2017	\$27.00	\$20.00	\$47.00	\$0.00	\$0.00	\$47.00	
6821	00047285	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6822	00047286	11/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6823	00047287	11/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6824	00047288	11/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
6825	00047289	11/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6826	00047290	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6827	00047291	11/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6828	00047292	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6829	00047293	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6830	00047294	11/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6831	00047295	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6832	00047296	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6833	00047297	11/02/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
6834	00047298	11/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6835	00047299	11/02/2017	\$30.00	\$3.00	\$33.00	\$0.00	\$0.00	\$33.00	
6836	00047300	11/02/2017	\$185.00	\$5.00	\$190.00	\$0.00	\$0.00	\$190.00	
6837	00047301	11/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6838	00047302	11/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6839	00047303	11/02/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
6840	00047304	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6841	00047305	11/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6842	00047306	11/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6843	00047307	11/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6844	00047308	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6845	00047309	11/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
6846	00047310	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6847	00047311	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6848	00047312	11/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6849	00047313	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6850	00047314	11/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
6851	00047315	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6852	00047316	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6853	00047317	11/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6854	00047318	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6855	00047319	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6856	00047320	11/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6857	00047321	11/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6858	00047322	11/02/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
6859	00047323	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6860	00047324	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6861	00047325	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6862	00047326	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6863	00047327	11/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
6864	00047328	11/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6865	00047329	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6866	00047330	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6867	00047331	11/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6868	00047332	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6869	00047333	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6870	00047334	11/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6871	00047335	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6872	00047336	11/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6873	00047337	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6874	00047338	11/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6875	00047339	11/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6876	00047340	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6877	00047341	11/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6878	00047342	11/02/2017	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
6879	00047343	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6880	00047344	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6881	00047345	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6882	00047346	11/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6883	00047347	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6884	00047348	11/02/2017	\$10.00	\$11.20	\$21.20	\$0.00	\$0.00	\$21.20	
6885	00047349	11/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
6886	00047350	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6887	00047351	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6888	00047352	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6889	00047353	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6890	00047354	11/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6891	00047355	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6892	00047356	11/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6893	00047357	11/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6894	00047358	11/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6895	00047359	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6896	00047360	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6897	00047361	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6898	00047362	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6899	00047363	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6900	00047364	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6901	00047365	11/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6902	00047366	11/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6903	00047367	11/02/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
6904	00047368	11/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6905	00047369	11/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6906	00047370	11/02/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
6907	00047371	11/02/2017	\$13.50	\$10.00	\$23.50	\$0.00	\$0.00	\$23.50	
6908	00047372	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6909	00047373	11/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6910	00047374	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6911	00047375	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6912	00047376	11/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6913	00047377	11/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6914	00047378	11/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6915	00047379	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6916	00047380	11/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6917	00047381	11/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
6918	00047382	11/02/2017	\$0.00	\$28.00	\$28.00	\$0.00	\$0.00	\$28.00	
6919	00047383	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6920	00047384	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6921	00047385	12/02/2017	\$0.00	\$9.00	\$9.00	\$9.00	\$0.00	\$0.00	
6922	00047386	12/02/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
6923	00047387	12/02/2017	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
6924	00047388	12/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6925	00047389	12/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6926	00047390	12/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6927	00047391	12/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6928	00047392	12/02/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
6929	00047393	12/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
6930	00047394	12/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6931	00047395	12/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6932	00047396	12/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6933	00047397	12/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6934	00047398	12/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6935	00047399	12/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6936	00047400	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6937	00047401	12/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6938	00047402	12/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6939	00047403	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6940	00047404	12/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6941	00047405	12/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6942	00047406	12/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6943	00047407	12/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6944	00047408	12/02/2017	\$35.00	\$7.50	\$42.50	\$0.00	\$0.00	\$42.50	
6945	00047409	12/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6946	00047410	12/02/2017	\$40.00	\$9.00	\$49.00	\$0.00	\$0.00	\$49.00	
6947	00047411	12/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
6948	00047412	12/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6949	00047413	12/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6950	00047414	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6951	00047415	12/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6952	00047416	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6953	00047417	12/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6954	00047418	12/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
6955	00047419	12/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6956	00047420	12/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6957	00047421	12/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6958	00047422	12/02/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
6959	00047423	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6960	00047424	12/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6961	00047425	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6962	00047426	12/02/2017	\$112.00	\$10.00	\$122.00	\$0.00	\$0.00	\$122.00	
6963	00047427	12/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6964	00047428	12/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
6965	00047429	12/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6966	00047430	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6967	00047431	12/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6968	00047432	12/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6969	00047433	12/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
6970	00047434	12/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
6971	00047435	12/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6972	00047436	12/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
6973	00047437	12/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6974	00047438	12/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6975	00047439	12/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6976	00047440	12/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6977	00047441	12/02/2017	\$50.00	\$5.00	\$55.00	\$0.00	\$0.00	\$55.00	
6978	00047442	12/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
6979	00047443	12/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6980	00047444	12/02/2017	\$0.00	\$167.00	\$167.00	\$2.00	\$0.00	\$165.00	
6981	00047445	13/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6982	00047446	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6983	00047447	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6984	00047448	13/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
6985	00047449	13/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
6986	00047450	13/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
6987	00047451	13/02/2017	\$0.00	\$12.00	\$12.00	\$0.00	\$0.00	\$12.00	
6988	00047452	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6989	00047453	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6990	00047454	13/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
6991	00047455	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
6992	00047456	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6993	00047457	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6994	00047458	13/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
6995	00047459	13/02/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
6996	00047460	13/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
6997	00047461	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
6998	00047462	13/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
6999	00047463	13/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7000	00047464	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7001	00047465	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7002	00047466	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7003	00047467	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7004	00047468	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7005	00047469	13/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7006	00047470	13/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7007	00047471	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7008	00047472	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7009	00047473	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7010	00047474	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7011	00047475	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7012	00047476	13/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7013	00047477	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7014	00047478	13/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7015	00047479	13/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
7016	00047480	13/02/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
7017	00047481	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7018	00047482	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7019	00047483	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7020	00047484	13/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7021	00047485	13/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7022	00047486	13/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7023	00047487	13/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7024	00047488	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7025	00047489	13/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7026	00047490	13/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7027	00047491	13/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7028	00047492	13/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7029	00047493	13/02/2017	\$10.00	\$9.00	\$19.00	\$19.00	\$0.00	\$0.00	
7030	00047494	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7031	00047495	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7032	00047496	13/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7033	00047497	13/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7034	00047498	13/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7035	00047499	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7036	00047500	13/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7037	00047501	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7038	00047502	13/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7039	00047503	13/02/2017	\$100.00	\$5.00	\$105.00	\$0.00	\$0.00	\$105.00	
7040	00047504	13/02/2017	\$35.00	\$5.60	\$40.60	\$0.10	\$0.00	\$40.50	
7041	00047505	13/02/2017	\$10.00	\$32.00	\$42.00	\$0.00	\$0.00	\$42.00	
7042	00047506	13/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7043	00047507	13/02/2017	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
7044	00047508	13/02/2017	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
7045	00047509	13/02/2017	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
7046	00047510	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7047	00047511	13/02/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
7048	00047512	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7049	00047513	13/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7050	00047514	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7051	00047515	13/02/2017	\$12.00	\$4.00	\$16.00	\$0.00	\$0.00	\$16.00	
7052	00047516	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7053	00047517	13/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7054	00047518	13/02/2017	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
7055	00047519	13/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7056	00047520	13/02/2017	\$132.00	\$7.00	\$139.00	\$0.00	\$0.00	\$139.00	
7057	00047521	13/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7058	00047522	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7059	00047523	13/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7060	00047524	13/02/2017	\$0.00	\$1.00	\$1.00	\$1.00	\$0.00	\$0.00	
7061	00047525	13/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7062	00047526	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7063	00047527	13/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7064	00047528	13/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7065	00047529	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7066	00047530	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7067	00047531	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7068	00047532	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7069	00047533	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7070	00047534	13/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7071	00047535	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7072	00047536	13/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7073	00047537	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7074	00047538	13/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
7075	00047539	13/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7076	00047540	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7077	00047541	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7078	00047542	13/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7079	00047543	13/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7080	00047544	13/02/2017	\$0.00	\$123.00	\$123.00	\$0.00	\$0.00	\$123.00	
7081	00047545	13/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7082	00047546	13/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7083	00047547	14/02/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
7084	00047548	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7085	00047549	14/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
7086	00047550	14/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7087	00047551	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7088	00047552	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7089	00047553	14/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7090	00047554	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7091	00047555	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7092	00047556	14/02/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
7093	00047557	14/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7094	00047558	14/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
7095	00047559	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7096	00047560	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7097	00047561	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7098	00047562	14/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7099	00047563	14/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7100	00047564	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7101	00047565	14/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7102	00047566	14/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7103	00047567	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7104	00047568	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7105	00047569	14/02/2017	\$40.00	\$3.00	\$43.00	\$0.00	\$0.00	\$43.00	
7106	00047570	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7107	00047571	14/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
7108	00047572	14/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
7109	00047573	14/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7110	00047574	14/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7111	00047575	14/02/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
7112	00047576	14/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7113	00047577	14/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7114	00047578	14/02/2017	\$32.00	\$6.40	\$38.40	\$0.00	\$0.00	\$38.40	
7115	00047579	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7116	00047580	14/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
7117	00047581	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7118	00047582	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7119	00047583	14/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7120	00047584	14/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7121	00047585	14/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7122	00047586	14/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7123	00047587	14/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7124	00047588	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7125	00047589	14/02/2017	\$15.00	\$15.00	\$30.00	\$0.00	\$0.00	\$30.00	
7126	00047590	14/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
7127	00047591	14/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7128	00047592	14/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7129	00047593	14/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7130	00047594	14/02/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
7131	00047595	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7132	00047596	14/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7133	00047597	14/02/2017	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
7134	00047598	14/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7135	00047599	14/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7136	00047600	14/02/2017	\$0.00	\$4.00	\$4.00	\$4.00	\$0.00	\$0.00	
7137	00047601	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7138	00047602	14/02/2017	\$32.00	\$3.00	\$35.00	\$0.00	\$0.00	\$35.00	
7139	00047603	14/02/2017	\$32.00	\$3.00	\$35.00	\$0.00	\$0.00	\$35.00	
7140	00047604	14/02/2017	\$60.00	\$6.00	\$66.00	\$0.00	\$0.00	\$66.00	
7141	00047605	14/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7142	00047606	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7143	00047607	14/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7144	00047608	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7145	00047609	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7146	00047610	14/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7147	00047611	14/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7148	00047612	14/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
7149	00047613	14/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
7150	00047614	14/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7151	00047615	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7152	00047616	14/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7153	00047617	14/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7154	00047618	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7155	00047619	14/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7156	00047620	14/02/2017	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
7157	00047621	14/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7158	00047622	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7159	00047623	14/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
7160	00047624	14/02/2017	\$132.00	\$5.00	\$137.00	\$0.00	\$0.00	\$137.00	
7161	00047625	14/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7162	00047626	14/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7163	00047627	14/02/2017	\$0.00	\$122.00	\$122.00	\$0.00	\$0.00	\$122.00	
7164	00047628	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7165	00047629	14/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7166	00047630	14/02/2017	\$25.00	\$15.00	\$40.00	\$0.00	\$0.00	\$40.00	
7167	00047631	14/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7168	00047632	14/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7169	00047633	15/02/2017	\$132.00	\$5.00	\$137.00	\$0.00	\$0.00	\$137.00	
7170	00047634	15/02/2017	\$35.00	\$11.00	\$46.00	\$0.00	\$0.00	\$46.00	
7171	00047635	15/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7172	00047636	15/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7173	00047637	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7174	00047638	15/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7175	00047639	15/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7176	00047640	15/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7177	00047641	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7178	00047642	15/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7179	00047643	15/02/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
7180	00047644	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7181	00047645	15/02/2017	\$30.00	\$6.00	\$36.00	\$0.00	\$0.00	\$36.00	
7182	00047646	15/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7183	00047647	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7184	00047648	15/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7185	00047649	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7186	00047650	15/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7187	00047651	15/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7188	00047652	15/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7189	00047653	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7190	00047654	15/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7191	00047655	15/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7192	00047656	15/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7193	00047657	15/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
7194	00047658	15/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
7195	00047659	15/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7196	00047660	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7197	00047661	15/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7198	00047662	15/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7199	00047663	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7200	00047664	15/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
7201	00047665	15/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7202	00047666	15/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7203	00047667	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7204	00047668	15/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
7205	00047669	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7206	00047670	15/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7207	00047671	15/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7208	00047672	15/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7209	00047673	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7210	00047674	15/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7211	00047675	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7212	00047676	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7213	00047677	15/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
7214	00047678	15/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7215	00047679	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7216	00047680	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7217	00047681	15/02/2017	\$10.00	\$38.00	\$48.00	\$0.00	\$0.00	\$48.00	
7218	00047682	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7219	00047683	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7220	00047684	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7221	00047685	15/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7222	00047686	15/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7223	00047687	15/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7224	00047688	15/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7225	00047689	15/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7226	00047690	15/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7227	00047691	15/02/2017	\$110.00	\$5.00	\$115.00	\$0.00	\$0.00	\$115.00	
7228	00047692	15/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7229	00047693	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7230	00047694	15/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7231	00047695	15/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7232	00047696	15/02/2017	\$60.00	\$6.00	\$66.00	\$0.00	\$0.00	\$66.00	
7233	00047697	15/02/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
7234	00047698	15/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7235	00047699	15/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7236	00047700	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7237	00047701	15/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7238	00047702	15/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7239	00047703	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7240	00047704	15/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7241	00047705	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7242	00047706	15/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7243	00047707	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7244	00047708	15/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7245	00047709	15/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7246	00047710	15/02/2017	\$40.00	\$26.00	\$66.00	\$0.00	\$0.00	\$66.00	
7247	00047711	15/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7248	00047712	15/02/2017	\$0.00	\$64.00	\$64.00	\$0.00	\$0.00	\$64.00	
7249	00047713	16/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7250	00047714	16/02/2017	\$0.00	\$35.00	\$35.00	\$0.00	\$0.00	\$35.00	
7251	00047715	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7252	00047716	16/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7253	00047717	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7254	00047718	16/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7255	00047719	16/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7256	00047720	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7257	00047721	16/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7258	00047722	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7259	00047723	16/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7260	00047724	16/02/2017	\$10.00	\$6.50	\$16.50	\$0.00	\$0.00	\$16.50	
7261	00047725	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7262	00047726	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7263	00047727	16/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7264	00047728	16/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7265	00047729	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7266	00047730	16/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7267	00047731	16/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7268	00047732	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7269	00047733	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7270	00047734	16/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7271	00047735	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7272	00047736	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7273	00047737	16/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7274	00047738	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7275	00047739	16/02/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
7276	00047740	16/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7277	00047741	16/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7278	00047742	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7279	00047743	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7280	00047744	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7281	00047745	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7282	00047746	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7283	00047747	16/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
7284	00047748	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7285	00047749	16/02/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
7286	00047750	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7287	00047751	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7288	00047752	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7289	00047753	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7290	00047754	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7291	00047755	16/02/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
7292	00047756	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7293	00047757	16/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7294	00047758	16/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7295	00047759	16/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7296	00047760	16/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7297	00047761	16/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7298	00047762	16/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7299	00047763	16/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7300	00047764	16/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7301	00047765	16/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7302	00047766	16/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7303	00047767	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7304	00047768	16/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
7305	00047769	16/02/2017	\$25.00	\$10.00	\$35.00	\$0.00	\$0.00	\$35.00	
7306	00047770	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7307	00047771	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7308	00047772	16/02/2017	\$0.00	\$11.00	\$11.00	\$11.00	\$0.00	\$0.00	
7309	00047773	16/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7310	00047774	16/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7311	00047775	16/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7312	00047776	16/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7313	00047777	16/02/2017	\$25.00	\$26.00	\$51.00	\$0.00	\$0.00	\$51.00	
7314	00047778	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7315	00047779	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7316	00047780	16/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7317	00047781	16/02/2017	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
7318	00047782	16/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
7319	00047783	16/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7320	00047784	16/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7321	00047785	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7322	00047786	16/02/2017	\$12.00	\$8.00	\$20.00	\$0.00	\$0.00	\$20.00	
7323	00047787	16/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7324	00047788	16/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7325	00047789	16/02/2017	\$35.00	\$9.00	\$44.00	\$0.00	\$0.00	\$44.00	
7326	00047790	16/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7327	00047791	16/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7328	00047792	16/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7329	00047793	16/02/2017	\$100.00	\$5.00	\$105.00	\$0.00	\$0.00	\$105.00	
7330	00047794	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7331	00047795	16/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7332	00047796	16/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7333	00047797	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7334	00047798	16/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7335	00047799	16/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
7336	00047800	16/02/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
7337	00047801	16/02/2017	\$0.00	\$76.00	\$76.00	\$0.00	\$0.00	\$76.00	
7338	00047802	17/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7339	00047803	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7340	00047804	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7341	00047805	17/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7342	00047806	17/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7343	00047807	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7344	00047808	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7345	00047809	17/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7346	00047810	17/02/2017	\$32.00	\$10.00	\$42.00	\$0.00	\$0.00	\$42.00	
7347	00047811	17/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7348	00047812	17/02/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
7349	00047813	17/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7350	00047814	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7351	00047815	17/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7352	00047816	17/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7353	00047817	17/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
7354	00047818	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7355	00047819	17/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
7356	00047820	17/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7357	00047821	17/02/2017	\$10.00	\$113.00	\$123.00	\$0.00	\$0.00	\$123.00	
7358	00047822	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7359	00047823	17/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7360	00047824	17/02/2017	\$40.00	\$13.00	\$53.00	\$0.00	\$0.00	\$53.00	
7361	00047825	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7362	00047826	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7363	00047827	17/02/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
7364	00047828	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7365	00047829	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7366	00047830	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7367	00047831	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7368	00047832	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7369	00047833	17/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
7370	00047834	17/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7371	00047835	17/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	
7372	00047836	17/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7373	00047837	17/02/2017	\$10.00	\$4.50	\$14.50	\$0.50	\$0.00	\$14.00	
7374	00047838	17/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7375	00047839	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7376	00047840	17/02/2017	\$47.00	\$0.00	\$47.00	\$0.00	\$0.00	\$47.00	
7377	00047841	17/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
7378	00047842	17/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7379	00047843	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7380	00047844	17/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7381	00047845	17/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7382	00047846	17/02/2017	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
7383	00047847	17/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7384	00047848	17/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7385	00047849	17/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7386	00047850	17/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7387	00047851	17/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7388	00047852	17/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7389	00047853	17/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7390	00047854	17/02/2017	\$57.00	\$5.75	\$62.75	\$0.00	\$0.00	\$62.75	
7391	00047855	17/02/2017	\$57.00	\$5.00	\$62.00	\$0.00	\$0.00	\$62.00	
7392	00047856	17/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7393	00047857	17/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7394	00047858	17/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7395	00047859	17/02/2017	\$410.00	\$6.00	\$416.00	\$0.00	\$0.00	\$416.00	
7396	00047860	17/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7397	00047861	17/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7398	00047862	17/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7399	00047863	17/02/2017	\$32.00	\$5.00	\$37.00	\$0.00	\$0.00	\$37.00	
7400	00047864	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7401	00047865	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7402	00047866	17/02/2017	\$10.00	\$15.00	\$25.00	\$2.00	\$0.00	\$23.00	
7403	00047867	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7404	00047868	17/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7405	00047869	17/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7406	00047870	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7407	00047871	17/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7408	00047872	17/02/2017	\$10.00	\$6.40	\$16.40	\$0.00	\$0.00	\$16.40	
7409	00047873	17/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7410	00047874	17/02/2017	\$35.00	\$0.00	\$35.00	\$0.00	\$0.00	\$35.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7411	00047875	17/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7412	00047876	17/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7413	00047877	17/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7414	00047878	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7415	00047879	17/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7416	00047880	17/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7417	00047881	17/02/2017	\$10.00	\$33.00	\$43.00	\$0.00	\$0.00	\$43.00	
7418	00047882	17/02/2017	\$15.00	\$14.50	\$29.50	\$0.00	\$0.00	\$29.50	
7419	00047883	17/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7420	00047884	17/02/2017	\$0.00	\$183.00	\$183.00	\$0.00	\$0.00	\$183.00	
7421	00047885	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7422	00047886	18/02/2017	\$0.00	\$6.00	\$6.00	\$6.00	\$0.00	\$0.00	
7423	00047887	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7424	00047888	18/02/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
7425	00047889	18/02/2017	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
7426	00047890	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7427	00047891	18/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7428	00047892	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7429	00047893	18/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7430	00047894	18/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7431	00047895	18/02/2017	\$35.00	\$17.00	\$52.00	\$0.00	\$0.00	\$52.00	
7432	00047896	18/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7433	00047897	18/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7434	00047898	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7435	00047899	18/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7436	00047900	18/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7437	00047901	18/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
7438	00047902	18/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7439	00047903	18/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
7440	00047904	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7441	00047905	18/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7442	00047906	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7443	00047907	18/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7444	00047908	18/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7445	00047909	18/02/2017	\$35.00	\$21.50	\$56.50	\$0.00	\$0.00	\$56.50	
7446	00047910	18/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7447	00047911	18/02/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
7448	00047912	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7449	00047913	18/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
7450	00047914	18/02/2017	\$60.00	\$3.00	\$63.00	\$0.00	\$0.00	\$63.00	
7451	00047915	18/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7452	00047916	18/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7453	00047917	18/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7454	00047918	18/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7455	00047919	18/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7456	00047920	18/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7457	00047921	18/02/2017	\$110.00	\$3.00	\$113.00	\$0.00	\$0.00	\$113.00	
7458	00047922	18/02/2017	\$162.00	\$6.00	\$168.00	\$0.00	\$0.00	\$168.00	
7459	00047923	18/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7460	00047924	18/02/2017	\$35.00	\$7.00	\$42.00	\$0.00	\$0.00	\$42.00	
7461	00047925	18/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7462	00047926	18/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7463	00047927	18/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7464	00047928	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7465	00047929	18/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7466	00047930	18/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7467	00047931	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7468	00047932	18/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7469	00047933	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7470	00047934	18/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7471	00047935	18/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7472	00047936	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7473	00047937	18/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7474	00047938	18/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7475	00047939	18/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7476	00047940	18/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7477	00047941	18/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7478	00047942	18/02/2017	\$60.00	\$3.00	\$63.00	\$0.00	\$0.00	\$63.00	
7479	00047943	18/02/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
7480	00047944	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7481	00047945	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7482	00047946	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7483	00047947	18/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7484	00047948	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7485	00047949	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7486	00047950	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7487	00047951	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7488	00047952	18/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7489	00047953	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7490	00047954	18/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7491	00047955	18/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7492	00047956	18/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7493	00047957	18/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7494	00047958	18/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7495	00047959	18/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7496	00047960	18/02/2017	\$35.00	\$11.00	\$46.00	\$0.00	\$0.00	\$46.00	
7497	00047961	18/02/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
7498	00047962	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7499	00047963	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7500	00047964	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7501	00047965	19/02/2017	\$15.00	\$6.00	\$21.00	\$0.00	\$0.00	\$21.00	
7502	00047966	19/02/2017	\$0.00	\$9.00	\$9.00	\$9.00	\$0.00	\$0.00	
7503	00047967	19/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7504	00047968	19/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7505	00047969	19/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7506	00047970	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7507	00047971	19/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7508	00047972	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7509	00047973	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7510	00047974	19/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7511	00047975	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7512	00047976	19/02/2017	\$40.00	\$7.00	\$47.00	\$0.00	\$0.00	\$47.00	
7513	00047977	19/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7514	00047978	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7515	00047979	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7516	00047980	19/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7517	00047981	19/02/2017	\$15.00	\$16.50	\$31.50	\$0.00	\$0.00	\$31.50	
7518	00047982	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7519	00047983	19/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7520	00047984	19/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7521	00047985	19/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7522	00047986	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7523	00047987	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7524	00047988	19/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7525	00047989	19/02/2017	\$10.00	\$41.00	\$51.00	\$0.00	\$0.00	\$51.00	
7526	00047990	19/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7527	00047991	19/02/2017	\$0.00	\$24.00	\$24.00	\$0.00	\$0.00	\$24.00	
7528	00047992	19/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7529	00047993	19/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7530	00047994	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7531	00047995	19/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7532	00047996	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7533	00047997	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7534	00047998	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7535	00047999	19/02/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
7536	00048000	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7537	00048001	19/02/2017	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
7538	00048002	19/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7539	00048003	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7540	00048004	19/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7541	00048005	19/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7542	00048006	19/02/2017	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
7543	00048007	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7544	00048008	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7545	00048009	19/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
7546	00048010	19/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7547	00048011	19/02/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
7548	00048012	19/02/2017	\$0.00	\$2.00	\$2.00	\$2.00	\$0.00	\$0.00	
7549	00048013	19/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7550	00048014	19/02/2017	\$35.00	\$6.00	\$41.00	\$0.00	\$0.00	\$41.00	
7551	00048015	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7552	00048016	19/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7553	00048017	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7554	00048018	19/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7555	00048019	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7556	00048020	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7557	00048021	19/02/2017	\$57.00	\$0.00	\$57.00	\$0.00	\$0.00	\$57.00	
7558	00048022	19/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7559	00048023	19/02/2017	\$10.00	\$135.00	\$145.00	\$0.00	\$0.00	\$145.00	
7560	00048024	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7561	00048025	19/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7562	00048026	19/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7563	00048027	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7564	00048028	19/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7565	00048029	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7566	00048030	19/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7567	00048031	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7568	00048032	19/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
7569	00048033	19/02/2017	\$10.00	\$40.00	\$50.00	\$0.00	\$0.00	\$50.00	
7570	00048034	19/02/2017	\$10.00	\$17.50	\$27.50	\$0.00	\$0.00	\$27.50	
7571	00048035	19/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7572	00048036	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7573	00048037	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7574	00048038	19/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7575	00048039	19/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7576	00048040	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7577	00048041	19/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
7578	00048042	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7579	00048043	19/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7580	00048044	19/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7581	00048045	19/02/2017	\$0.00	\$122.00	\$122.00	\$2.00	\$0.00	\$120.00	
7582	00048046	19/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7583	00048047	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7584	00048048	20/02/2017	\$20.00	\$8.00	\$28.00	\$0.00	\$0.00	\$28.00	
7585	00048049	20/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
7586	00048050	20/02/2017	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	
7587	00048051	20/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7588	00048052	20/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
7589	00048053	20/02/2017	\$10.00	\$1.00	\$11.00	\$0.00	\$0.00	\$11.00	
7590	00048054	20/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7591	00048055	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7592	00048056	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7593	00048057	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7594	00048058	20/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7595	00048059	20/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7596	00048060	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7597	00048061	20/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7598	00048062	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7599	00048063	20/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7600	00048064	20/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7601	00048065	20/02/2017	\$0.00	\$1.00	\$1.00	\$1.00	\$0.00	\$0.00	
7602	00048066	20/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7603	00048067	20/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7604	00048068	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7605	00048069	20/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7606	00048070	20/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7607	00048071	20/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7608	00048072	20/02/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
7609	00048073	20/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
7610	00048074	20/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7611	00048075	20/02/2017	\$11.50	\$19.00	\$30.50	\$0.00	\$0.00	\$30.50	
7612	00048076	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7613	00048077	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7614	00048078	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7615	00048079	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7616	00048080	20/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7617	00048081	20/02/2017	\$112.00	\$5.00	\$117.00	\$0.00	\$0.00	\$117.00	
7618	00048082	20/02/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7619	00048083	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7620	00048084	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7621	00048085	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7622	00048086	20/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
7623	00048087	20/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7624	00048088	20/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7625	00048089	20/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7626	00048090	20/02/2017	\$10.00	\$5.60	\$15.60	\$0.00	\$0.00	\$15.60	
7627	00048091	20/02/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
7628	00048092	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7629	00048093	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7630	00048094	20/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7631	00048095	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7632	00048096	20/02/2017	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
7633	00048097	20/02/2017	\$22.00	\$10.00	\$32.00	\$0.00	\$0.00	\$32.00	
7634	00048098	20/02/2017	\$32.00	\$3.00	\$35.00	\$0.00	\$0.00	\$35.00	
7635	00048099	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7636	00048100	20/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7637	00048101	20/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7638	00048102	20/02/2017	\$0.00	\$13.00	\$13.00	\$0.00	\$0.00	\$13.00	
7639	00048103	20/02/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
7640	00048104	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7641	00048105	20/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7642	00048106	20/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7643	00048107	20/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7644	00048108	20/02/2017	\$10.00	\$27.00	\$37.00	\$0.00	\$0.00	\$37.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7645	00048109	20/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
7646	00048110	20/02/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
7647	00048111	20/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7648	00048112	20/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7649	00048113	20/02/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
7650	00048114	20/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7651	00048115	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7652	00048116	20/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7653	00048117	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7654	00048118	20/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7655	00048119	20/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7656	00048120	20/02/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
7657	00048121	20/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7658	00048122	20/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7659	00048123	20/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7660	00048124	20/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7661	00048125	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7662	00048126	20/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
7663	00048127	20/02/2017	\$0.00	\$21.00	\$21.00	\$0.00	\$0.00	\$21.00	
7664	00048128	20/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7665	00048129	20/02/2017	\$0.00	\$98.00	\$98.00	\$0.00	\$0.00	\$98.00	
7666	00048130	20/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7667	00048131	20/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7668	00048132	20/02/2017	\$30.00	\$8.00	\$38.00	\$0.00	\$0.00	\$38.00	
7669	00048133	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7670	00048134	21/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

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From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7671	00048135	21/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7672	00048136	21/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7673	00048137	21/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7674	00048138	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7675	00048139	21/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7676	00048140	21/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
7677	00048141	21/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7678	00048142	21/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7679	00048143	21/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7680	00048144	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7681	00048145	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7682	00048146	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7683	00048147	21/02/2017	\$10.00	\$7.20	\$17.20	\$0.00	\$0.00	\$17.20	
7684	00048148	21/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
7685	00048149	21/02/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
7686	00048150	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7687	00048151	21/02/2017	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
7688	00048152	21/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7689	00048153	21/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
7690	00048154	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7691	00048155	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7692	00048156	21/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7693	00048157	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7694	00048158	21/02/2017	\$0.00	\$12.00	\$12.00	\$0.00	\$0.00	\$12.00	
7695	00048159	21/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7696	00048160	21/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7697	00048161	21/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7698	00048162	21/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7699	00048163	21/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7700	00048164	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7701	00048165	21/02/2017	\$10.00	\$41.00	\$51.00	\$0.00	\$0.00	\$51.00	
7702	00048166	21/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7703	00048167	21/02/2017	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
7704	00048168	21/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7705	00048169	21/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7706	00048170	21/02/2017	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
7707	00048171	21/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7708	00048172	21/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7709	00048173	21/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7710	00048174	21/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7711	00048175	21/02/2017	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
7712	00048176	21/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7713	00048177	21/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7714	00048178	21/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7715	00048179	21/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7716	00048180	21/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7717	00048181	21/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7718	00048182	21/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7719	00048183	21/02/2017	\$10.00	\$27.00	\$37.00	\$0.00	\$0.00	\$37.00	
7720	00048184	21/02/2017	\$12.00	\$0.00	\$12.00	\$0.00	\$0.00	\$12.00	
7721	00048185	21/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7722	00048186	21/02/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7723	00048187	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7724	00048188	21/02/2017	\$10.00	\$24.00	\$34.00	\$0.00	\$0.00	\$34.00	
7725	00048189	21/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7726	00048190	21/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7727	00048191	21/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7728	00048192	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7729	00048193	21/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7730	00048194	21/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7731	00048195	21/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7732	00048196	21/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7733	00048197	21/02/2017	\$0.00	\$349.00	\$349.00	\$0.00	\$0.00	\$349.00	
7734	00048198	21/02/2017	\$55.00	\$10.00	\$65.00	\$0.00	\$0.00	\$65.00	
7735	00048199	21/02/2017	\$210.00	\$7.00	\$217.00	\$0.00	\$0.00	\$217.00	
7736	00048200	21/02/2017	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
7737	00048201	22/02/2017	\$50.00	\$4.00	\$54.00	\$0.00	\$0.00	\$54.00	
7738	00048202	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7739	00048203	22/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7740	00048204	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7741	00048205	22/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
7742	00048206	22/02/2017	\$15.00	\$6.00	\$21.00	\$0.00	\$0.00	\$21.00	
7743	00048207	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7744	00048208	22/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7745	00048209	22/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7746	00048210	22/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7747	00048211	22/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7748	00048212	22/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7749	00048213	22/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
7750	00048214	22/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7751	00048215	22/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7752	00048216	22/02/2017	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
7753	00048217	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7754	00048218	22/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
7755	00048219	22/02/2017	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00	
7756	00048220	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7757	00048221	22/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7758	00048222	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7759	00048223	22/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7760	00048224	22/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7761	00048225	22/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7762	00048226	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7763	00048227	22/02/2017	\$185.00	\$6.00	\$191.00	\$0.00	\$0.00	\$191.00	
7764	00048228	22/02/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
7765	00048229	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7766	00048230	22/02/2017	\$30.00	\$1.00	\$31.00	\$0.00	\$0.00	\$31.00	
7767	00048231	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7768	00048232	22/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7769	00048233	22/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7770	00048234	22/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7771	00048235	22/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7772	00048236	22/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7773	00048237	22/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7774	00048238	22/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7775	00048239	22/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7776	00048240	22/02/2017	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
7777	00048241	22/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7778	00048242	22/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7779	00048243	22/02/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
7780	00048244	22/02/2017	\$0.00	\$12.00	\$12.00	\$0.00	\$0.00	\$12.00	
7781	00048245	22/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7782	00048246	22/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7783	00048247	22/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7784	00048248	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7785	00048249	22/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7786	00048250	22/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7787	00048251	22/02/2017	\$15.00	\$8.50	\$23.50	\$0.00	\$0.00	\$23.50	
7788	00048252	22/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7789	00048253	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7790	00048254	22/02/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
7791	00048255	22/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7792	00048256	22/02/2017	\$25.00	\$5.00	\$30.00	\$0.00	\$0.00	\$30.00	
7793	00048257	22/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7794	00048258	22/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7795	00048259	22/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7796	00048260	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7797	00048261	22/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7798	00048262	22/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
7799	00048263	22/02/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
7800	00048264	22/02/2017	\$10.00	\$2.50	\$12.50	\$0.00	\$0.00	\$12.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7801	00048265	22/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7802	00048266	22/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7803	00048267	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7804	00048268	22/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7805	00048269	22/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7806	00048270	22/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7807	00048271	22/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7808	00048272	22/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7809	00048273	22/02/2017	\$0.00	\$72.00	\$72.00	\$0.00	\$0.00	\$72.00	
7810	00048274	22/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7811	00048275	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7812	00048276	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7813	00048277	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7814	00048278	23/02/2017	\$10.00	\$40.00	\$50.00	\$0.00	\$0.00	\$50.00	
7815	00048279	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7816	00048280	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7817	00048281	23/02/2017	\$32.00	\$9.00	\$41.00	\$0.00	\$0.00	\$41.00	
7818	00048282	23/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7819	00048283	23/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
7820	00048284	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7821	00048285	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7822	00048286	23/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7823	00048287	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7824	00048288	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7825	00048289	23/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7826	00048290	23/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7827	00048291	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7828	00048292	23/02/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
7829	00048293	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7830	00048294	23/02/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
7831	00048295	23/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
7832	00048296	23/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7833	00048297	23/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7834	00048298	23/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7835	00048299	23/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7836	00048300	23/02/2017	\$50.00	\$4.00	\$54.00	\$0.00	\$0.00	\$54.00	
7837	00048301	23/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7838	00048302	23/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
7839	00048303	23/02/2017	\$10.00	\$46.00	\$56.00	\$0.00	\$0.00	\$56.00	
7840	00048304	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7841	00048305	23/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7842	00048306	23/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7843	00048307	23/02/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
7844	00048308	23/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7845	00048309	23/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7846	00048310	23/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7847	00048311	23/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7848	00048312	23/02/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
7849	00048313	23/02/2017	\$0.00	\$4.00	\$4.00	\$4.00	\$0.00	\$0.00	
7850	00048314	23/02/2017	\$110.00	\$0.00	\$110.00	\$0.00	\$0.00	\$110.00	
7851	00048315	23/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7852	00048316	23/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7853	00048317	23/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
7854	00048318	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7855	00048319	23/02/2017	\$10.00	\$23.00	\$33.00	\$0.00	\$0.00	\$33.00	
7856	00048320	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7857	00048321	23/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7858	00048322	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7859	00048323	23/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7860	00048324	23/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
7861	00048325	23/02/2017	\$35.00	\$28.00	\$63.00	\$0.00	\$0.00	\$63.00	
7862	00048326	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7863	00048327	23/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7864	00048328	23/02/2017	\$11.50	\$9.40	\$20.90	\$0.00	\$0.00	\$20.90	
7865	00048329	23/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7866	00048330	23/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7867	00048331	23/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7868	00048332	23/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7869	00048333	23/02/2017	\$160.00	\$5.00	\$165.00	\$0.00	\$0.00	\$165.00	
7870	00048334	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7871	00048335	23/02/2017	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
7872	00048336	23/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7873	00048337	23/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7874	00048338	23/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
7875	00048339	23/02/2017	\$12.00	\$10.00	\$22.00	\$0.00	\$0.00	\$22.00	
7876	00048340	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7877	00048341	23/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7878	00048342	23/02/2017	\$25.00	\$5.00	\$30.00	\$0.00	\$0.00	\$30.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7879	00048343	23/02/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
7880	00048344	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7881	00048345	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7882	00048346	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7883	00048347	23/02/2017	\$10.00	\$5.80	\$15.80	\$0.00	\$0.00	\$15.80	
7884	00048348	23/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
7885	00048349	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7886	00048350	23/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7887	00048351	23/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7888	00048352	23/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7889	00048353	23/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
7890	00048354	23/02/2017	\$0.00	\$171.00	\$171.00	\$0.00	\$0.00	\$171.00	
7891	00048355	23/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7892	00048356	24/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
7893	00048357	24/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7894	00048358	24/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7895	00048359	24/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7896	00048360	24/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7897	00048361	24/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7898	00048362	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7899	00048363	24/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7900	00048364	24/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
7901	00048365	24/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7902	00048366	24/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7903	00048367	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7904	00048368	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7905	00048369	24/02/2017	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
7906	00048370	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7907	00048371	24/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7908	00048372	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7909	00048373	24/02/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
7910	00048374	24/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7911	00048375	24/02/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
7912	00048376	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7913	00048377	24/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7914	00048378	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7915	00048379	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7916	00048380	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7917	00048381	24/02/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
7918	00048382	24/02/2017	\$32.00	\$0.00	\$32.00	\$0.00	\$0.00	\$32.00	
7919	00048383	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7920	00048384	24/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7921	00048385	24/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7922	00048386	24/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7923	00048387	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7924	00048388	24/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7925	00048389	24/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7926	00048390	24/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7927	00048391	24/02/2017	\$20.00	\$4.00	\$24.00	\$0.00	\$0.00	\$24.00	
7928	00048392	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7929	00048393	24/02/2017	\$10.00	\$26.00	\$36.00	\$0.00	\$0.00	\$36.00	
7930	00048394	24/02/2017	\$12.00	\$3.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7931	00048395	24/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7932	00048396	24/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7933	00048397	24/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7934	00048398	24/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7935	00048399	24/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
7936	00048400	24/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7937	00048401	24/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7938	00048402	24/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
7939	00048403	24/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
7940	00048404	24/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7941	00048405	24/02/2017	\$35.00	\$11.00	\$46.00	\$0.00	\$0.00	\$46.00	
7942	00048406	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7943	00048407	24/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7944	00048408	24/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
7945	00048409	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7946	00048410	24/02/2017	\$50.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00	
7947	00048411	24/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7948	00048412	24/02/2017	\$15.00	\$9.00	\$24.00	\$0.00	\$0.00	\$24.00	
7949	00048413	24/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
7950	00048414	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7951	00048415	24/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7952	00048416	24/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7953	00048417	24/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7954	00048418	24/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7955	00048419	24/02/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
7956	00048420	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7957	00048421	24/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7958	00048422	24/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7959	00048423	24/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7960	00048424	24/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
7961	00048425	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7962	00048426	24/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7963	00048427	24/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7964	00048428	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7965	00048429	24/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
7966	00048430	24/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7967	00048431	24/02/2017	\$0.00	\$148.00	\$148.00	\$0.00	\$0.00	\$148.00	
7968	00048432	25/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7969	00048433	25/02/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
7970	00048434	25/02/2017	\$0.00	\$2.00	\$2.00	\$0.00	\$0.00	\$2.00	
7971	00048435	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7972	00048436	25/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7973	00048437	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7974	00048438	25/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
7975	00048439	25/02/2017	\$13.50	\$5.00	\$18.50	\$0.00	\$0.00	\$18.50	
7976	00048440	25/02/2017	\$40.00	\$18.00	\$58.00	\$0.00	\$0.00	\$58.00	
7977	00048441	25/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
7978	00048442	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7979	00048443	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7980	00048444	25/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
7981	00048445	25/02/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
7982	00048446	25/02/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
7983	00048447	25/02/2017	\$35.00	\$17.00	\$52.00	\$0.00	\$0.00	\$52.00	
7984	00048448	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7985	00048449	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
7986	00048450	25/02/2017	\$35.00	\$10.00	\$45.00	\$0.00	\$0.00	\$45.00	
7987	00048451	25/02/2017	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
7988	00048452	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7989	00048453	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7990	00048454	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7991	00048455	25/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7992	00048456	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7993	00048457	25/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
7994	00048458	25/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
7995	00048459	25/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
7996	00048460	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
7997	00048461	25/02/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
7998	00048462	25/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
7999	00048463	25/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8000	00048464	25/02/2017	\$27.00	\$10.00	\$37.00	\$0.00	\$0.00	\$37.00	
8001	00048465	25/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8002	00048466	25/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8003	00048467	25/02/2017	\$10.00	\$2.00	\$12.00	\$0.00	\$0.00	\$12.00	
8004	00048468	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8005	00048469	25/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8006	00048470	25/02/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
8007	00048471	25/02/2017	\$210.00	\$5.00	\$215.00	\$0.00	\$0.00	\$215.00	
8008	00048472	25/02/2017	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8009	00048473	25/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8010	00048474	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8011	00048475	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8012	00048476	25/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8013	00048477	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8014	00048478	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8015	00048479	25/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
8016	00048480	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8017	00048481	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8018	00048482	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8019	00048483	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8020	00048484	25/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8021	00048485	25/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8022	00048486	25/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8023	00048487	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8024	00048488	25/02/2017	\$10.00	\$29.50	\$39.50	\$0.00	\$0.00	\$39.50	
8025	00048489	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8026	00048490	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8027	00048491	25/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8028	00048492	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8029	00048493	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8030	00048494	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8031	00048495	25/02/2017	\$200.00	\$5.00	\$205.00	\$0.00	\$0.00	\$205.00	
8032	00048496	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8033	00048497	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8034	00048498	25/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8035	00048499	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8036	00048500	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8037	00048501	25/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8038	00048502	25/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8039	00048503	25/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8040	00048504	25/02/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
8041	00048505	25/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8042	00048506	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8043	00048507	25/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8044	00048508	25/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8045	00048509	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8046	00048510	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8047	00048511	25/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8048	00048512	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8049	00048513	25/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
8050	00048514	25/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8051	00048515	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8052	00048516	25/02/2017	\$10.00	\$5.10	\$15.10	\$0.00	\$0.00	\$15.10	
8053	00048517	25/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8054	00048518	25/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8055	00048519	25/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8056	00048520	25/02/2017	\$12.50	\$5.00	\$17.50	\$0.00	\$0.00	\$17.50	
8057	00048521	25/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8058	00048522	25/02/2017	\$11.50	\$13.00	\$24.50	\$0.00	\$0.00	\$24.50	
8059	00048523	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8060	00048524	25/02/2017	\$32.00	\$11.00	\$43.00	\$0.00	\$0.00	\$43.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8061	00048525	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8062	00048526	25/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8063	00048527	25/02/2017	\$14.50	\$4.00	\$18.50	\$0.00	\$0.00	\$18.50	
8064	00048528	26/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8065	00048529	26/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8066	00048530	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8067	00048531	26/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8068	00048532	26/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8069	00048533	26/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8070	00048534	26/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8071	00048535	26/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8072	00048536	26/02/2017	\$0.00	\$2.00	\$2.00	\$0.00	\$0.00	\$2.00	
8073	00048537	26/02/2017	\$25.00	\$12.00	\$37.00	\$0.00	\$0.00	\$37.00	
8074	00048538	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8075	00048539	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8076	00048540	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8077	00048541	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8078	00048542	26/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8079	00048543	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8080	00048544	26/02/2017	\$10.00	\$33.40	\$43.40	\$0.00	\$0.00	\$43.40	
8081	00048545	26/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8082	00048546	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8083	00048547	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8084	00048548	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8085	00048549	26/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8086	00048550	26/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8087	00048551	26/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8088	00048552	26/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8089	00048553	26/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8090	00048554	26/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8091	00048555	26/02/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
8092	00048556	26/02/2017	\$10.00	\$11.50	\$21.50	\$0.00	\$0.00	\$21.50	
8093	00048557	26/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8094	00048558	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8095	00048559	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8096	00048560	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8097	00048561	26/02/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
8098	00048562	26/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8099	00048563	26/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8100	00048564	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8101	00048565	26/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8102	00048566	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8103	00048567	26/02/2017	\$0.00	\$17.00	\$17.00	\$0.00	\$0.00	\$17.00	
8104	00048568	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8105	00048569	26/02/2017	\$10.00	\$15.50	\$25.50	\$0.00	\$0.00	\$25.50	
8106	00048570	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8107	00048571	26/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8108	00048572	26/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8109	00048573	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8110	00048574	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8111	00048575	26/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8112	00048576	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8113	00048577	26/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8114	00048578	26/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8115	00048579	26/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8116	00048580	26/02/2017	\$10.00	\$11.50	\$21.50	\$0.00	\$0.00	\$21.50	
8117	00048581	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8118	00048582	26/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8119	00048583	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8120	00048584	26/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8121	00048585	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8122	00048586	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8123	00048587	26/02/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8124	00048588	26/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8125	00048589	26/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8126	00048590	26/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8127	00048591	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8128	00048592	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8129	00048593	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8130	00048594	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8131	00048595	26/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8132	00048596	26/02/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
8133	00048597	26/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8134	00048598	26/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8135	00048599	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8136	00048600	26/02/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
8137	00048601	26/02/2017	\$0.00	\$12.00	\$12.00	\$0.00	\$0.00	\$12.00	
8138	00048602	26/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8139	00048603	26/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8140	00048604	26/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8141	00048605	26/02/2017	\$10.00	\$6.50	\$16.50	\$0.00	\$0.00	\$16.50	
8142	00048606	26/02/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
8143	00048607	26/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8144	00048608	26/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8145	00048609	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8146	00048610	26/02/2017	\$55.00	\$8.00	\$63.00	\$0.00	\$0.00	\$63.00	
8147	00048611	26/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8148	00048612	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8149	00048613	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8150	00048614	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8151	00048615	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8152	00048616	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8153	00048617	26/02/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
8154	00048618	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8155	00048619	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8156	00048620	26/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8157	00048621	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8158	00048622	26/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8159	00048623	26/02/2017	\$10.00	\$6.50	\$16.50	\$0.00	\$0.00	\$16.50	
8160	00048624	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8161	00048625	26/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8162	00048626	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8163	00048627	26/02/2017	\$0.00	\$162.00	\$162.00	\$0.00	\$0.00	\$162.00	
8164	00048628	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8165	00048629	26/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8166	00048630	27/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8167	00048631	27/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8168	00048632	27/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8169	00048633	27/02/2017	\$15.00	\$12.50	\$27.50	\$0.00	\$0.00	\$27.50	
8170	00048634	27/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8171	00048635	27/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8172	00048636	27/02/2017	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	
8173	00048637	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8174	00048638	27/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8175	00048639	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8176	00048640	27/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8177	00048641	27/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8178	00048642	27/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8179	00048643	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8180	00048644	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8181	00048645	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8182	00048646	27/02/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
8183	00048647	27/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8184	00048648	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8185	00048649	27/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8186	00048650	27/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8187	00048651	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8188	00048652	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8189	00048653	27/02/2017	\$30.00	\$18.50	\$48.50	\$0.00	\$0.00	\$48.50	
8190	00048654	27/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8191	00048655	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8192	00048656	27/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8193	00048657	27/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8194	00048658	27/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8195	00048659	27/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8196	00048660	27/02/2017	\$15.00	\$14.00	\$29.00	\$0.00	\$0.00	\$29.00	
8197	00048661	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8198	00048662	27/02/2017	\$10.00	\$13.50	\$23.50	\$0.00	\$0.00	\$23.50	
8199	00048663	27/02/2017	\$15.00	\$6.00	\$21.00	\$0.00	\$0.00	\$21.00	
8200	00048664	27/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8201	00048665	27/02/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
8202	00048666	27/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
8203	00048667	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8204	00048668	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8205	00048669	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8206	00048670	27/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8207	00048671	27/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8208	00048672	27/02/2017	\$37.00	\$30.00	\$67.00	\$0.00	\$0.00	\$67.00	
8209	00048673	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8210	00048674	27/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8211	00048675	27/02/2017	\$35.00	\$5.00	\$40.00	\$0.00	\$0.00	\$40.00	
8212	00048676	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8213	00048677	27/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8214	00048678	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8215	00048679	27/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8216	00048680	27/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8217	00048681	27/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8218	00048682	27/02/2017	\$12.00	\$15.00	\$27.00	\$0.00	\$0.00	\$27.00	
8219	00048683	27/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8220	00048684	27/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8221	00048685	27/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8222	00048686	27/02/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
8223	00048687	27/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8224	00048688	27/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8225	00048689	27/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8226	00048690	27/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8227	00048691	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8228	00048692	27/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8229	00048693	27/02/2017	\$0.00	\$45.00	\$45.00	\$0.00	\$0.00	\$45.00	
8230	00048694	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8231	00048695	27/02/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
8232	00048696	27/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8233	00048697	27/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8234	00048698	27/02/2017	\$30.00	\$20.00	\$50.00	\$0.00	\$0.00	\$50.00	
8235	00048699	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8236	00048700	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8237	00048701	28/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8238	00048702	28/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8239	00048703	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8240	00048704	28/02/2017	\$32.00	\$3.00	\$35.00	\$0.00	\$0.00	\$35.00	
8241	00048705	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8242	00048706	28/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8243	00048707	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8244	00048708	28/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8245	00048709	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8246	00048710	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8247	00048711	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8248	00048712	28/02/2017	\$10.00	\$6.50	\$16.50	\$0.00	\$0.00	\$16.50	
8249	00048713	28/02/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8250	00048714	28/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8251	00048715	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8252	00048716	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8253	00048717	28/02/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8254	00048718	28/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8255	00048719	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8256	00048720	28/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8257	00048721	28/02/2017	\$0.00	\$1,355.00	\$1,355.00	\$1,355.00	\$0.00	\$0.00	
8258	00048722	28/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8259	00048723	28/02/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8260	00048724	28/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8261	00048725	28/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8262	00048726	28/02/2017	\$50.00	\$16.00	\$66.00	\$0.00	\$0.00	\$66.00	
8263	00048727	28/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8264	00048728	28/02/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8265	00048729	28/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8266	00048730	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8267	00048731	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8268	00048732	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8269	00048733	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8270	00048734	28/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8271	00048735	28/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8272	00048736	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8273	00048737	28/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8274	00048738	28/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8275	00048739	28/02/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	
8276	00048740	28/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8277	00048741	28/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8278	00048742	28/02/2017	\$110.00	\$5.00	\$115.00	\$0.00	\$0.00	\$115.00	
8279	00048743	28/02/2017	\$0.00	\$6.00	\$6.00	\$0.00	\$0.00	\$6.00	
8280	00048744	28/02/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8281	00048745	28/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8282	00048746	28/02/2017	\$15.00	\$8.00	\$23.00	\$0.00	\$0.00	\$23.00	
8283	00048747	28/02/2017	\$10.00	\$11.00	\$21.00	\$21.00	\$0.00	\$0.00	
8284	00048748	28/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8285	00048749	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8286	00048750	28/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8287	00048751	28/02/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8288	00048752	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8289	00048753	28/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8290	00048754	28/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8291	00048755	28/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
8292	00048756	28/02/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
8293	00048757	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8294	00048758	28/02/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8295	00048759	28/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8296	00048760	28/02/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
8297	00048761	28/02/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8298	00048762	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8299	00048763	28/02/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8300	00048764	28/02/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8301	00048765	28/02/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8302	00048766	28/02/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8303	00048767	28/02/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
8304	00048768	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8305	00048769	28/02/2017	\$25.00	\$21.00	\$46.00	\$0.00	\$0.00	\$46.00	
8306	00048770	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8307	00048771	28/02/2017	\$25.00	\$21.00	\$46.00	\$0.00	\$0.00	\$46.00	
8308	00048772	28/02/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8309	00048773	28/02/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
8310	00048774	28/02/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8311	00048775	28/02/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
8312	00048776	28/02/2017	\$0.00	\$152.00	\$152.00	\$0.00	\$0.00	\$152.00	
8313	00048777	01/03/2017	\$50.00	\$3.00	\$53.00	\$0.00	\$0.00	\$53.00	
8314	00048778	01/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8315	00048779	01/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8316	00048780	01/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8317	00048781	01/03/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8318	00048782	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8319	00048783	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8320	00048784	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8321	00048785	01/03/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
8322	00048786	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8323	00048787	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8324	00048788	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8325	00048789	01/03/2017	\$40.00	\$5.00	\$45.00	\$0.00	\$0.00	\$45.00	
8326	00048790	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8327	00048791	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8328	00048792	01/03/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
8329	00048793	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8330	00048794	01/03/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
8331	00048795	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8332	00048796	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8333	00048797	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8334	00048798	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8335	00048799	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8336	00048800	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8337	00048801	01/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8338	00048802	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8339	00048803	01/03/2017	\$40.00	\$14.00	\$54.00	\$0.00	\$0.00	\$54.00	
8340	00048804	01/03/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
8341	00048805	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8342	00048806	01/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8343	00048807	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8344	00048808	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8345	00048809	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8346	00048810	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8347	00048811	01/03/2017	\$40.00	\$7.50	\$47.50	\$0.00	\$0.00	\$47.50	
8348	00048812	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8349	00048813	01/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8350	00048814	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8351	00048815	01/03/2017	\$15.00	\$7.00	\$22.00	\$0.00	\$0.00	\$22.00	
8352	00048816	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8353	00048817	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8354	00048818	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8355	00048819	01/03/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8356	00048820	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8357	00048821	01/03/2017	\$0.00	\$2.00	\$2.00	\$0.00	\$0.00	\$2.00	
8358	00048822	01/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8359	00048823	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8360	00048824	01/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8361	00048825	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8362	00048826	01/03/2017	\$10.00	\$4.90	\$14.90	\$0.00	\$0.00	\$14.90	
8363	00048827	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8364	00048828	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8365	00048829	01/03/2017	\$15.00	\$8.50	\$23.50	\$0.00	\$0.00	\$23.50	
8366	00048830	01/03/2017	\$55.00	\$5.00	\$60.00	\$0.00	\$0.00	\$60.00	
8367	00048831	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8368	00048832	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8369	00048833	01/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8370	00048834	01/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8371	00048835	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8372	00048836	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8373	00048837	01/03/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
8374	00048838	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8375	00048839	01/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8376	00048840	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8377	00048841	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8378	00048842	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8379	00048843	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8380	00048844	01/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8381	00048845	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8382	00048846	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8383	00048847	01/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8384	00048848	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8385	00048849	01/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8386	00048850	01/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8387	00048851	01/03/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8388	00048852	01/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8389	00048853	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8390	00048854	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8391	00048855	01/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8392	00048856	01/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8393	00048857	01/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8394	00048858	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8395	00048859	01/03/2017	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
8396	00048860	01/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8397	00048861	01/03/2017	\$12.00	\$11.00	\$23.00	\$0.00	\$0.00	\$23.00	
8398	00048862	01/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8399	00048863	01/03/2017	\$10.00	\$25.00	\$35.00	\$0.00	\$0.00	\$35.00	
8400	00048864	01/03/2017	\$0.00	\$98.00	\$98.00	\$0.00	\$0.00	\$98.00	
8401	00048865	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8402	00048866	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8403	00048867	02/03/2017	\$10.00	\$28.00	\$38.00	\$0.00	\$0.00	\$38.00	
8404	00048868	02/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8405	00048869	02/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8406	00048870	02/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8407	00048871	02/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8408	00048872	02/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8409	00048873	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8410	00048874	02/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8411	00048875	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8412	00048876	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8413	00048877	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8414	00048878	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8415	00048879	02/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8416	00048880	02/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8417	00048881	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8418	00048882	02/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8419	00048883	02/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8420	00048884	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8421	00048885	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8422	00048886	02/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8423	00048887	02/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8424	00048888	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8425	00048889	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8426	00048890	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8427	00048891	02/03/2017	\$0.00	\$6.00	\$6.00	\$6.00	\$0.00	\$0.00	
8428	00048892	02/03/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
8429	00048893	02/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8430	00048894	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8431	00048895	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8432	00048896	02/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8433	00048897	02/03/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
8434	00048898	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8435	00048899	02/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8436	00048900	02/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8437	00048901	02/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8438	00048902	02/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8439	00048903	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8440	00048904	02/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8441	00048905	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8442	00048906	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8443	00048907	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8444	00048908	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8445	00048909	02/03/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
8446	00048910	02/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8447	00048911	02/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8448	00048912	02/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8449	00048913	02/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8450	00048914	02/03/2017	\$0.00	\$105.00	\$105.00	\$0.00	\$0.00	\$105.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8451	00048915	03/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8452	00048916	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8453	00048917	03/03/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8454	00048918	03/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8455	00048919	03/03/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8456	00048920	03/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8457	00048921	03/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8458	00048922	03/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8459	00048923	03/03/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8460	00048924	03/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8461	00048925	03/03/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
8462	00048926	03/03/2017	\$85.00	\$8.00	\$93.00	\$0.00	\$0.00	\$93.00	
8463	00048927	03/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8464	00048928	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8465	00048929	03/03/2017	\$110.00	\$9.00	\$119.00	\$0.00	\$0.00	\$119.00	
8466	00048930	03/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8467	00048931	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8468	00048932	03/03/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
8469	00048933	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8470	00048934	03/03/2017	\$20.00	\$5.00	\$25.00	\$0.00	\$0.00	\$25.00	
8471	00048935	03/03/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
8472	00048936	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8473	00048937	03/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8474	00048938	03/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8475	00048939	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8476	00048940	03/03/2017	\$15.00	\$11.00	\$26.00	\$0.00	\$0.00	\$26.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8477	00048941	03/03/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
8478	00048942	03/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8479	00048943	03/03/2017	\$0.00	\$1.00	\$1.00	\$1.00	\$0.00	\$0.00	
8480	00048944	03/03/2017	\$40.00	\$4.00	\$44.00	\$0.00	\$0.00	\$44.00	
8481	00048945	03/03/2017	\$22.00	\$20.00	\$42.00	\$0.00	\$0.00	\$42.00	
8482	00048946	03/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8483	00048947	03/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8484	00048948	03/03/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
8485	00048949	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8486	00048950	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8487	00048951	03/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8488	00048952	03/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8489	00048953	03/03/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
8490	00048954	03/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8491	00048955	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8492	00048956	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8493	00048957	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8494	00048958	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8495	00048959	03/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8496	00048960	03/03/2017	\$10.00	\$12.50	\$22.50	\$0.00	\$0.00	\$22.50	
8497	00048961	03/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8498	00048962	03/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8499	00048963	03/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8500	00048964	03/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8501	00048965	03/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8502	00048966	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8503	00048967	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8504	00048968	03/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8505	00048969	03/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8506	00048970	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8507	00048971	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8508	00048972	03/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8509	00048973	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8510	00048974	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8511	00048975	03/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8512	00048976	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8513	00048977	03/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8514	00048978	03/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8515	00048979	03/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8516	00048980	03/03/2017	\$0.00	\$121.00	\$121.00	\$0.00	\$0.00	\$121.00	
8517	00048981	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8518	00048982	04/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8519	00048983	04/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8520	00048984	04/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8521	00048985	04/03/2017	\$15.00	\$4.00	\$19.00	\$0.00	\$0.00	\$19.00	
8522	00048986	04/03/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
8523	00048987	04/03/2017	\$10.00	\$1.50	\$11.50	\$0.00	\$0.00	\$11.50	
8524	00048988	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8525	00048989	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8526	00048990	04/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8527	00048991	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8528	00048992	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8529	00048993	04/03/2017	\$10.00	\$22.80	\$32.80	\$0.00	\$0.00	\$32.80	
8530	00048994	04/03/2017	\$11.50	\$11.00	\$22.50	\$0.00	\$0.00	\$22.50	
8531	00048995	04/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8532	00048996	04/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8533	00048997	04/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8534	00048998	04/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8535	00048999	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8536	00049000	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8537	00049001	04/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8538	00049002	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8539	00049003	04/03/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8540	00049004	04/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8541	00049005	04/03/2017	\$15.00	\$5.00	\$20.00	\$0.00	\$0.00	\$20.00	
8542	00049006	04/03/2017	\$15.00	\$3.00	\$18.00	\$0.00	\$0.00	\$18.00	
8543	00049007	04/03/2017	\$10.00	\$19.10	\$29.10	\$0.10	\$0.00	\$29.00	
8544	00049008	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8545	00049009	04/03/2017	\$160.00	\$5.00	\$165.00	\$0.00	\$0.00	\$165.00	
8546	00049010	04/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8547	00049011	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8548	00049012	04/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8549	00049013	04/03/2017	\$10.00	\$11.50	\$21.50	\$0.00	\$0.00	\$21.50	
8550	00049014	04/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8551	00049015	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8552	00049016	04/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8553	00049017	04/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8554	00049018	04/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8555	00049019	04/03/2017	\$35.00	\$25.00	\$60.00	\$0.00	\$0.00	\$60.00	
8556	00049020	04/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8557	00049021	04/03/2017	\$155.00	\$5.00	\$160.00	\$0.00	\$0.00	\$160.00	
8558	00049022	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8559	00049023	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8560	00049024	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8561	00049025	04/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8562	00049026	04/03/2017	\$30.00	\$9.00	\$39.00	\$0.00	\$0.00	\$39.00	
8563	00049027	04/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8564	00049028	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8565	00049029	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8566	00049030	04/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8567	00049031	04/03/2017	\$35.00	\$3.00	\$38.00	\$0.00	\$0.00	\$38.00	
8568	00049032	04/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8569	00049033	04/03/2017	\$0.00	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	
8570	00049034	04/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8571	00049035	04/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8572	00049036	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8573	00049037	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8574	00049038	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8575	00049039	04/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8576	00049040	04/03/2017	\$60.00	\$9.00	\$69.00	\$0.00	\$0.00	\$69.00	
8577	00049041	04/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8578	00049042	04/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8579	00049043	04/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8580	00049044	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8581	00049045	04/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8582	00049046	04/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8583	00049047	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8584	00049048	04/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8585	00049049	04/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8586	00049050	04/03/2017	\$10.00	\$18.00	\$28.00	\$0.00	\$0.00	\$28.00	
8587	00049051	04/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8588	00049052	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8589	00049053	05/03/2017	\$10.00	\$14.00	\$24.00	\$0.00	\$0.00	\$24.00	
8590	00049054	05/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8591	00049055	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8592	00049056	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8593	00049057	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8594	00049058	05/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8595	00049059	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8596	00049060	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8597	00049061	05/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8598	00049062	05/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8599	00049063	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8600	00049064	05/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8601	00049065	05/03/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
8602	00049066	05/03/2017	\$10.00	\$16.50	\$26.50	\$0.00	\$0.00	\$26.50	
8603	00049067	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8604	00049068	05/03/2017	\$0.00	\$4.00	\$4.00	\$0.00	\$0.00	\$4.00	
8605	00049069	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8606	00049070	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8607	00049071	05/03/2017	\$20.00	\$9.00	\$29.00	\$0.00	\$0.00	\$29.00	
8608	00049072	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8609	00049073	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8610	00049074	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8611	00049075	05/03/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8612	00049076	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8613	00049077	05/03/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
8614	00049078	05/03/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
8615	00049079	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8616	00049080	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8617	00049081	05/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8618	00049082	05/03/2017	\$260.00	\$6.00	\$266.00	\$0.00	\$0.00	\$266.00	
8619	00049083	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8620	00049084	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8621	00049085	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8622	00049086	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8623	00049087	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8624	00049088	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8625	00049089	05/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8626	00049090	05/03/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
8627	00049091	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8628	00049092	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8629	00049093	05/03/2017	\$0.00	\$9.00	\$9.00	\$0.00	\$0.00	\$9.00	
8630	00049094	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8631	00049095	05/03/2017	\$11.50	\$5.00	\$16.50	\$0.00	\$0.00	\$16.50	
8632	00049096	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8633	00049097	05/03/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
8634	00049098	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8635	00049099	05/03/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
8636	00049100	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8637	00049101	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8638	00049102	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8639	00049103	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8640	00049104	05/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8641	00049105	05/03/2017	\$10.00	\$10.50	\$20.50	\$0.00	\$0.00	\$20.50	
8642	00049106	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8643	00049107	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8644	00049108	05/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8645	00049109	05/03/2017	\$10.00	\$13.50	\$23.50	\$0.00	\$0.00	\$23.50	
8646	00049110	05/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8647	00049111	05/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8648	00049112	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8649	00049113	05/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8650	00049114	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8651	00049115	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8652	00049116	05/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8653	00049117	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8654	00049118	05/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8655	00049119	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8656	00049120	05/03/2017	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00	
8657	00049121	05/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8658	00049122	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8659	00049123	05/03/2017	\$0.00	\$8.00	\$8.00	\$0.00	\$0.00	\$8.00	
8660	00049124	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8661	00049125	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8662	00049126	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8663	00049127	05/03/2017	\$12.00	\$21.00	\$33.00	\$0.00	\$0.00	\$33.00	
8664	00049128	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8665	00049129	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8666	00049130	05/03/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
8667	00049131	05/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8668	00049132	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8669	00049133	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8670	00049134	05/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8671	00049135	05/03/2017	\$15.00	\$12.50	\$27.50	\$0.00	\$0.00	\$27.50	
8672	00049136	05/03/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8673	00049137	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8674	00049138	05/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8675	00049139	05/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8676	00049140	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8677	00049141	05/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8678	00049142	05/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8679	00049143	05/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8680	00049144	05/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8681	00049145	05/03/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
8682	00049146	05/03/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
8683	00049147	05/03/2017	\$11.50	\$10.00	\$21.50	\$0.00	\$0.00	\$21.50	
8684	00049148	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8685	00049149	05/03/2017	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$10.00	
8686	00049150	05/03/2017	\$0.00	\$11.00	\$11.00	\$0.00	\$0.00	\$11.00	
8687	00049151	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8688	00049152	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8689	00049153	05/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8690	00049154	05/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8691	00049155	05/03/2017	\$10.00	\$19.00	\$29.00	\$0.00	\$0.00	\$29.00	
8692	00049156	05/03/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
8693	00049157	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8694	00049158	06/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8695	00049159	06/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8696	00049160	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8697	00049161	06/03/2017	\$10.00	\$51.00	\$61.00	\$0.00	\$0.00	\$61.00	
8698	00049162	06/03/2017	\$0.00	\$11.00	\$11.00	\$11.00	\$0.00	\$0.00	
8699	00049163	06/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8700	00049164	06/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8701	00049165	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8702	00049166	06/03/2017	\$0.00	\$12.00	\$12.00	\$0.00	\$0.00	\$12.00	
8703	00049167	06/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8704	00049168	06/03/2017	\$0.00	\$20.00	\$20.00	\$20.00	\$0.00	\$0.00	
8705	00049169	06/03/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
8706	00049170	06/03/2017	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	
8707	00049171	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8708	00049172	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8709	00049173	06/03/2017	\$10.00	\$16.00	\$26.00	\$0.00	\$0.00	\$26.00	
8710	00049174	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8711	00049175	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8712	00049176	06/03/2017	\$25.00	\$3.00	\$28.00	\$0.00	\$0.00	\$28.00	
8713	00049177	06/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8714	00049178	06/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8715	00049179	06/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8716	00049180	06/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8717	00049181	06/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8718	00049182	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8719	00049183	06/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8720	00049184	06/03/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
8721	00049185	06/03/2017	\$0.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00	
8722	00049186	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8723	00049187	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8724	00049188	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8725	00049189	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8726	00049190	06/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8727	00049191	06/03/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8728	00049192	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8729	00049193	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8730	00049194	06/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8731	00049195	06/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8732	00049196	06/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8733	00049197	06/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8734	00049198	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8735	00049199	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8736	00049200	06/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	



# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8737	00049201	06/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8738	00049202	06/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8739	00049203	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8740	00049204	06/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8741	00049205	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8742	00049206	06/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8743	00049207	06/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8744	00049208	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8745	00049209	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8746	00049210	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8747	00049211	06/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8748	00049212	06/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8749	00049213	06/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8750	00049214	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8751	00049215	06/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8752	00049216	06/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8753	00049217	06/03/2017	\$10.00	\$70.00	\$80.00	\$0.00	\$0.00	\$80.00	
8754	00049218	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8755	00049219	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8756	00049220	06/03/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
8757	00049221	06/03/2017	\$60.00	\$3.00	\$63.00	\$0.00	\$0.00	\$63.00	
8758	00049222	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8759	00049223	06/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8760	00049224	06/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8761	00049225	06/03/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
8762	00049226	06/03/2017	\$10.00	\$8.50	\$18.50	\$0.00	\$0.00	\$18.50	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8763	00049227	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8764	00049228	06/03/2017	\$10.00	\$20.00	\$30.00	\$0.00	\$0.00	\$30.00	
8765	00049229	06/03/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
8766	00049230	06/03/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8767	00049231	06/03/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
8768	00049232	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8769	00049233	06/03/2017	\$10.00	\$14.50	\$24.50	\$0.00	\$0.00	\$24.50	
8770	00049234	06/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8771	00049235	06/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8772	00049236	06/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8773	00049237	06/03/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
8774	00049238	06/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8775	00049239	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8776	00049240	06/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8777	00049241	06/03/2017	\$0.00	\$7.00	\$7.00	\$0.00	\$0.00	\$7.00	
8778	00049242	06/03/2017	\$30.00	\$5.00	\$35.00	\$0.00	\$0.00	\$35.00	
8779	00049243	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8780	00049244	06/03/2017	\$100.00	\$5.00	\$105.00	\$0.00	\$0.00	\$105.00	
8781	00049245	06/03/2017	\$60.00	\$5.00	\$65.00	\$0.00	\$0.00	\$65.00	
8782	00049246	06/03/2017	\$10.00	\$21.00	\$31.00	\$0.00	\$0.00	\$31.00	
8783	00049247	06/03/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8784	00049248	06/03/2017	\$12.00	\$1.00	\$13.00	\$0.00	\$0.00	\$13.00	
8785	00049249	06/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8786	00049250	06/03/2017	\$10.00	\$31.00	\$41.00	\$0.00	\$0.00	\$41.00	
8787	00049251	06/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8788	00049252	06/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8789	00049253	06/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8790	00049254	06/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8791	00049255	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8792	00049256	06/03/2017	\$12.00	\$5.00	\$17.00	\$0.00	\$0.00	\$17.00	
8793	00049257	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8794	00049258	06/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8795	00049259	06/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8796	00049260	06/03/2017	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	
8797	00049261	06/03/2017	\$0.00	\$122.00	\$122.00	\$0.00	\$0.00	\$122.00	
8798	00049262	07/03/2017	\$60.00	\$4.00	\$64.00	\$0.00	\$0.00	\$64.00	
8799	00049263	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8800	00049264	07/03/2017	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	
8801	00049265	07/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8802	00049266	07/03/2017	\$0.00	\$15.00	\$15.00	\$0.00	\$0.00	\$15.00	
8803	00049267	07/03/2017	\$10.00	\$12.00	\$22.00	\$0.00	\$0.00	\$22.00	
8804	00049268	07/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8805	00049269	07/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8806	00049270	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8807	00049271	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8808	00049272	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8809	00049273	07/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8810	00049274	07/03/2017	\$10.00	\$13.00	\$23.00	\$0.00	\$0.00	\$23.00	
8811	00049275	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8812	00049276	07/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8813	00049277	07/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8814	00049278	07/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8815	00049279	07/03/2017	\$10.00	\$33.00	\$43.00	\$0.00	\$0.00	\$43.00	
8816	00049280	07/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8817	00049281	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8818	00049282	07/03/2017	\$10.00	\$8.00	\$18.00	\$0.00	\$0.00	\$18.00	
8819	00049283	07/03/2017	\$35.00	\$6.80	\$41.80	\$0.00	\$0.00	\$41.80	
8820	00049284	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8821	00049285	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8822	00049286	07/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8823	00049287	07/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8824	00049288	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8825	00049289	07/03/2017	\$35.00	\$1.00	\$36.00	\$0.00	\$0.00	\$36.00	
8826	00049290	07/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8827	00049291	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8828	00049292	07/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8829	00049293	07/03/2017	\$0.00	\$13.00	\$13.00	\$13.00	\$0.00	\$0.00	
8830	00049294	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8831	00049295	07/03/2017	\$10.00	\$6.00	\$16.00	\$0.00	\$0.00	\$16.00	
8832	00049296	07/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8833	00049297	07/03/2017	\$10.00	\$15.00	\$25.00	\$0.00	\$0.00	\$25.00	
8834	00049298	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8835	00049299	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8836	00049300	07/03/2017	\$10.00	\$30.00	\$40.00	\$0.00	\$0.00	\$40.00	
8837	00049301	07/03/2017	\$15.00	\$12.00	\$27.00	\$0.00	\$0.00	\$27.00	
8838	00049302	07/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
8839	00049303	07/03/2017	\$40.00	\$15.00	\$55.00	\$0.00	\$0.00	\$55.00	
8840	00049304	07/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	

# MENG -RUTNIN EYE SPECIALIS

## Clinic Incom Sumary

From: 11-11-2016 To: 11-11-2017



No	Invoice No	Invoice Date	Service Fee		Total	Discount	Deposit	Sub Total	
			Consult Fee	Medicine Fee					
8841	00049305	07/03/2017	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	
8842	00049306	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8843	00049307	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8844	00049308	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8845	00049309	07/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8846	00049310	07/03/2017	\$15.00	\$12.00	\$27.00	\$0.00	\$0.00	\$27.00	
8847	00049311	07/03/2017	\$10.00	\$17.00	\$27.00	\$0.00	\$0.00	\$27.00	
8848	00049312	07/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8849	00049313	07/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8850	00049314	07/03/2017	\$10.00	\$1.50	\$11.50	\$0.00	\$0.00	\$11.50	
8851	00049315	07/03/2017	\$35.00	\$11.00	\$46.00	\$0.00	\$0.00	\$46.00	
8852	00049316	07/03/2017	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	
8853	00049317	07/03/2017	\$0.00	\$65.00	\$65.00	\$0.00	\$0.00	\$65.00	
8854	00049318	08/03/2017	\$10.00	\$4.00	\$14.00	\$0.00	\$0.00	\$14.00	
8855	00049319	08/03/2017	\$10.00	\$3.00	\$13.00	\$0.00	\$0.00	\$13.00	
8856	00049320	08/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8857	00049321	08/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8858	00049322	08/03/2017	\$10.00	\$10.00	\$20.00	\$0.00	\$0.00	\$20.00	
8859	00049323	08/03/2017	\$10.00	\$11.00	\$21.00	\$0.00	\$0.00	\$21.00	
8860	00049324	08/03/2017	\$10.00	\$5.00	\$15.00	\$0.00	\$0.00	\$15.00	
8861	00049325	08/03/2017	\$0.00	\$5.00	\$5.00	\$5.00	\$0.00	\$0.00	
8862	00049326	08/03/2017	\$10.00	\$9.00	\$19.00	\$0.00	\$0.00	\$19.00	
8863	00049327	08/03/2017	\$10.00	\$7.00	\$17.00	\$0.00	\$0.00	\$17.00	
			\$117,025.50	\$91,810.00	\$208,835.50	\$6,584.55	\$3.00	\$202,247.95	