



**MedVet Campbell**  
 905 Dell Avenue  
 Campbell, California, 95008  
 Ph: (408) 371-6252  
 Fax: (408) 693-3012

**Bill To**

Gregory Fodor  
 1570 Van Dusen Lane  
 Campbell, California, 95008

Patient: Alfie  
 Patient ID: EV\_451193

**Account Statement**

Invoice Date: 11-27-2022  
 Customer ID: EV\_472502  
 Invoice #: 828392  
 From:  
 To:

DESCRIPTION	STAFF MEMBER	QTY	DISC.(%)	DISC.(\$)	TOTAL (incl)
EMERGENCY CONSULT - INITIAL	David Novotny	1	0	\$0.00	\$189.00
PATIENT CARE	David Novotny	1	0	\$0.00	\$46.00
Hydrocodone 5mg/Homatropine 1.5mg (Per Tablet)	David Novotny	10	0	\$0.00	\$68.61
Hydrocodone 5mg/Homatropine 1.5mg (Per Tablet)	David Novotny	10	100	\$68.61	\$0.00
PROCYTE CBC (IN-HOUSE) (IVLS)	David Novotny	1	0	\$0.00	\$155.80
CATALYST CHEM17 + LYLES (IVLS)	David Novotny	1	0	\$0.00	\$186.29
PACKED CELL VOLUME/TP ADDITIONAL - PCV/TP ADD'L (IN-HOUSE)	David Novotny	1	0	\$0.00	\$47.00
RADIOGRAPH INITIAL	David Novotny	1	0	\$0.00	\$468.00
to match estimate	David Novotny	1	0	\$55.61	-\$55.61

PAYMENT TERMS: **Due Upon Receipt**  
**Payment in full is expected upon completion of treatment.**  
**Administration fees and collection fees will be applied to overdue accounts.**  
**Bank Account:**  
*If you are paying by bank transfer, please note the invoice number and/or patient surname as your reference number.*

Subtotal	\$1,105.09
Inc. TAX	\$5.11
<b>Total</b>	<b>\$1,105.09</b>
Paid	\$1,105.09
<b>Due</b>	<b>\$0.00</b>