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DATE OF SERVICE			DESCRIPTION OF TREATMENT OR HEALTH SERVICES RENDERED				FEE SCHEDULE TREATMENT CODES		TOTAL CHARGE
6/29/23 6/29/23							73721 73221		\$966.54 \$966.54
					ТО	TAL CH	ARGES TO	DATE:	\$1,933.08
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	ovider's Name	Title	Licen	ce or Certificate No.	).	Business	Relation (che		
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18. IS PA	TIENT STILL UND	DER YOUR CAR	RE FOR THIS CO	ONDITION ?	YES	X	NO		
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