



**First Clinic I
Street 1
City 1, State 1
444-999-222**

**Client Receipt
January 11, 2013**

Doris Test	Beginning Account Balance	21.00
,	Total Visit Charges	100.50
	Payments	0.00
	Ending Account Balance	121.50

Today`s Visit

Charges

Code	Description	Qty	Price	Charge	Adj	Total
36	contraceptive ORAL TYPE 1	1	0.50	0.50		0.50
15	Mirena (IUCD Hormonal)	1				0.00
111101	ORAL - 1st Time Consult	1	50.00	50.00		50.00
11317201	IUCD insertion (Cooper T 380-A)	1	50.00	50.00		50.00
Sub-Total		4	100.50	100.50	0.00	100.50
Total Charges						100.50

Payments

Date of Service	Payment Method	Ref No	Amount
Total Payments			\$ 0.00

This is a test message to print at the bottom of the receipt.
