



*"Where Quality is King"*

520 NORTH MARKET • P.O. BOX 7294  
SHREVEPORT, LA. 71137-7294  
PH - 424-7735-6-7

IN
OUT
NO.

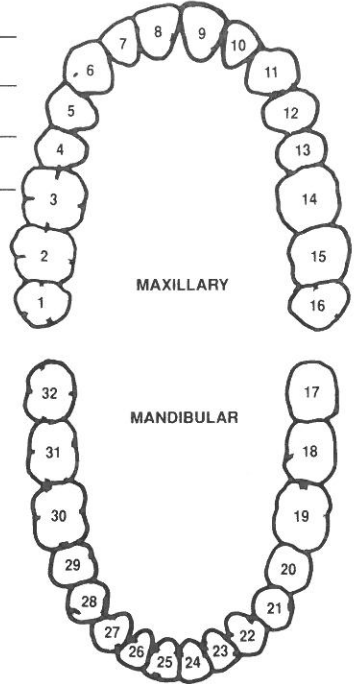
PATIENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

DATE WANTED: \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_



A Periodic Rate of 1.5%, 18% Annually, is charged  
on Past Due Accounts. Total amount due by the 10th

Signature \_\_\_\_\_ D.D.S. Lic. No. \_\_\_\_\_

Address \_\_\_\_\_