



Dr. Lanie K. Huffman

Northeast

Westview

Date:        /        / 2017

Patient Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

DOB:        /        /

Date of Service:        /        / 20\_\_\_\_ (or)  On Account

Amount Paid: \$ \_\_\_\_\_

Payment Type:

Cash

Check  Check # \_\_\_\_\_

Charge:  Mastercard    Visa    Discover    American Express

Approval Number: \_\_\_\_\_