



☐ Dr. Eugene Macdonald

☐ Dr. Jeremy Spaulding

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: _____