

CREDIT MEMO

OUT-PATIENT

_____ HOSPITAL

DEPT. _____ DATE _____ 19__

PATIENT _____ ROOM OR WARD NO. _____

FOR: _____	AMOUNT

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED _____

PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM NO. GH-18 (1963)

CREDIT MEMO

OUT-PATIENT

_____ HOSPITAL

DEPT. _____ DATE _____ 19__

PATIENT _____ ROOM OR WARD NO. _____

FOR: _____	AMOUNT

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED _____

PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM NO. GH-18 (1963)

CREDIT MEMO

OUT-PATIENT

_____ HOSPITAL

DEPT. _____ DATE _____ 19__

PATIENT _____ ROOM OR WARD NO. _____

FOR: _____	AMOUNT

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED _____

PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM NO. GH-18 (1963)

CREDIT MEMO

OUT-PATIENT

_____ HOSPITAL

DEPT. _____ DATE _____ 19__

PATIENT _____ ROOM OR WARD NO. _____

FOR: _____	AMOUNT

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED _____