



**HAMEL EYE ASSOCIATES**

9 Sylvan Street  
Peabody, MA 01960  
(978) 532-1022  
www.EyeDocOffice.com

DATE \_\_\_\_\_

RECEIVED FROM \_\_\_\_\_

**SERVICE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Eye Exam _____         | <input type="checkbox"/> Dilated Exam _____ |
| <input type="checkbox"/> Contact Lens Fit _____ | <input type="checkbox"/> Visual Field _____ |
| <input type="checkbox"/> Retinal Image _____    | <input type="checkbox"/> Follow Up _____    |
| <input type="checkbox"/> Office Visit _____     | <input type="checkbox"/> Other _____        |

ACCOUNT TOTAL \$ \_\_\_\_\_ INSURANCE: \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_  **CASH**  **CREDIT CARD**

BALANCE DUE \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

*Kindly retain this receipt for tax purposes*



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