



HAMEL EYE ASSOCIATES

339 Squire Road
Revere, MA 02151
(781) 289-5900
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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