**ADVANCED METHODS HEALTHCARE**

*Natural Answers to your healthcare*

***Dr. Clifford Mattson NMD, DC, PhC***

***17924 Krameria Ave., Riverside, CA 92504***

NAME: _____

| DATE | PROFESSIONAL SERVICES | CHARGES | CREDITS | | CURRENT BALANCE |
|---|---|---|---|---|---|
| | | | PAYMENTS | ADJ | |
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