

Pinnacle
Pain Medicine

Patient Name: ROBERT PLOCK
ADDRESSEE:

We gladly accept (please mark box).		
 	 	 
NAME ON CARD		SECURITY CODE
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT PAID
ACCOUNT # 2341966	BILLING DATE 08/06/14	BALANCE DUE NOW CONTINUED

REMIT TO:

ROBERT PLOCK
6827 LATTA PKWY
DALLAS, TX 75227-6043



PINNACLE ANESTHESIA CONS.
PO BOX 650426
DALLAS, TX 75265-0426

TO ENSURE PROPER CREDIT, DETACH AND
RETURN TOP PORTION WITH YOUR PAYMENT.

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