

**Pleasant Health Services, Inc.**

4915 Auburn Avenue, # 104

Bethesda, MD 20916-6951

Tel: 301-460-6372, Fax: 301-460-6371

**Customer's Receipt**

Customer Name: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Item Description	No of Items	Cost (\$)
Blood Pressure Screening		
Body Mass Index (BMI)		
Cholesterol Screening		
Diabetes Screening		
Flu Vaccine		
Pneumonia Vaccine		
Tetanus & Diphtheria		
Tetanus, Diphtheria & Pertussis (Tdap)		
Home visit		
Other		
<b>Total Charge:</b>		

Customer Signature: \_\_\_\_\_

Payment Method:

Cash  Check (Payable to Pleasant Health Services, Inc)  Credit Card

**Clinic Manager,**  
*K. Haddad, RN*

\_\_\_\_\_  
Company's Representative Signature