VETERINARY HOSPITAL MANAGER

From

Island Business Group, Inc.

FEATURED MODULES INCLUDE

- **RECEPTION SERVICES**
- **IN HOSPITAL PROCESSING**
- **PAPERLESS PATIENT MEDICAL RECORDS**
- **INVENTORY CONTROL**
- **BUSINESS ANALYSIS**
- **SERVICE CODE MAINTENANCE**
- **PATIENT PROCESSING**
- **RECALLS**
- **CALLBACKS**
- **LAB WORK MONITORING**
- **PRE TREATMENT ESTIMATES**
- **ACCOUNTS RECEIVABLE**
- **ACCOUNTS PAYABLE**
- **BNDD DRUG TRACKING**
- **GENERAL LEDGER**
- **RADIOLOGY LOGS**

MAIN MENU FUNCTIONS

```
****************************************
* ANY ANIMAL HOSPITAL,INC- MAIN MENU  *
****************************************

           PLEASE SELECT APPLICATION ..


  1. RECEPTION MENU              8. SERVICE CODE MAINTENANCE

  2. HOSPITAL CASES              9. ACCOUNTS RECEIVABLE

  3. END OF DAY PROCEDURES      10. ACCOUNTS PAYABLE

  4. PATIENT RECORD MAINTENANCE 11. RECALL SUBSYSTEM

  5. INVENTORY CONTROL          12. SYSTEM MANAGEMENT FUNCTIONS

  6. LAB WORK MONITORING        13. PERFORM PHYSICAL EXAM

  7. CALLBACKS/FOLLOW-UPS       14. PATIENT WORK SHEET
```

RECEPTION MENU
The reception menu offers the receptionists all the functionality needed at the reception area. See the section below for more detail.

HOSPITAL CASES
Admit, track, process, bill and release patients admitted into the hospital.

END OF DAY PROCEDURES
Close out the day, print all associated reports.

PATIENT FILE MAINTENANCE
Information on clients and patients is quickly and easily accessed and edited.

INVENTORY CONTROL
Automatically maintain and monitor preset inventory levels, pricing and other purchasing information.

LABWORK FILE MAINTENANCE
Lab tests that are performed are tracked and a list of tests due back can be printed daily.

CALL BACK FILE MAINTENANCE
Client callbacks are printed daily to track cases and/or events that need follow up.

SERVICE CODE FILE MAINTENANCE

Enter, view and maintain fees on services performed in the hospital.

ACCOUNTS RECEIVABLE

Monitor unpaid charges, enter payments on account, print dunning letters and aged reports.

ACCOUNTS PAYABLE

Enter and maintain vender, voucher and check information. Print aged reports, payment history and vender analysis.

RECALLS

Automatically generate recall letters and/or post cards for vaccinations, heartworm and puppy vaccinations.

PERFORM PHYSICAL EXAM

The root of the paperless office starts with the physical exam. A patient record is displayed in the exam room. The doctor is walked through a physical exam, creates a problem list, assesses the problem and creates a treatment plan. The client bill is created in the background from the treatment plan.

PATIENT WORK SHEET

A daily work sheet is created for the staff doing rounds.

RECEPTION FUNCTIONS

```
RECEPTION                                                        MENU
05/12/99
                      PLEASE SELECT APPLICATION __

     1. Patient Check In               12. Bill Inquiry

     2. Cash Register                  13. Item/Service Price Check

     3. Patient File Maintenance       14. Client Handouts Menu

     4. Labwork File Maintenance       15. Purchasing Advice Report

     5. Call Back File Maintenance     16. In Hospital Use

     6. Prepare Estimate/Admit Patient 17. Fee List

     7. System Utilities               18. Pharmacy Price List

     8. Client Account Inquiry         19. Assign Exam Room

     9. Hospital Cases                 20. Lab Results Maintenance

     10. Print Receipts                21. Appointment Calendar
                                       22. Re-print Estimates
     11. Discharge Hospital Cases      23. Re-print Prescriptions
```

PATIENT CHECK IN
When a client arrives, they are logged into the system. The client can then be assigned to an exam room where the patient medical record will appear automatically on the screen in the exam room. If there is no activity on a patient that has been checked in (either a register transaction or a hospital check in), the patient will appear on a no activity report at the end of the day. This helps to insure that all procedures are trapped and charged for accordingly.

CASH REGISTER
Out patients can be easily serviced with the ease and simplicity of the cash register module. All services and pharmacy items can be processed through the register module. Multiple payments are accepted as well as payment on accounts. Bills for in hospital patients are available automatically at the register upon discharge authorization. Professional receipts are printed as well as pharmacy labels and client information handouts.

PATIENT FILE MAINTENANCE
Information on clients and patients is quickly and easily accessed and edited.

LABWORK FILE MAINTENANCE
Lab tests that are performed are tracked and a list of tests due back can be printed daily.

CALL BACK FILE MAINTENANCE

Client callbacks are printed daily to track cases and/or events that need follow up.

ESTIMATES
Procedure and/or hospital admission estimates are prepared and printed by the system. If the patient is admitted, admittance can follow the estimate.

CLIENT ACCOUNT INQUIRY
Accounts Receivable and open balances are easily and quickly accessed.

HOSPITAL CASES
Admit, track, process, bill and release patients admitted into the hospital.

PRINT RECEIPTS
Reprint a receipt at any time for any client.

DISCHARGE HOSPITAL CASES
Easily and accurately bill discharged patients from the hospital.

BILL INQUIRY
During a hospital stay, the accumulated charges can be easily displayed and printed.

ITEM/SERVICE PRICE CHECK
A quick lookup for prices of services and/or pharmacy items is available.

CLIENT HANDOUTS MENU
Print information handouts from your own library and knowledge base for any subject.

PURCHASING ADVICE REPORT
As part of the inventory control module, this report informs you of items that are below your predetermined stock levels.

IN HOSPITAL USE
Print internal forms and information for employees and staff.

FEE LIST
Print current fees.

PHARMACY PRICE LIST
Print current pricing for pharmacy items.

ASSIGN EXAM ROOM
Assign a patient in the waiting room to an existing exam room. The patient record will appear on the terminal in the assigned exam room automatically.

LAB RESULTS MAINTENANCE
Enter and maintain clinical values from lab results.

APPOINTMENT CALENDAR
Enter, view and edit appointments by date, doctor.

REPRINT ESTIMATES
Reprint an existing patient estimate.

REPRINT PRESCRIPTIONS
Reprint an existing prescription label.

HOSPITAL CASE MENU

```
HOSPITAL CASE MAIN MENU                                          05/12/99


                    PLEASE SELECT APPLICATION    ..



   1.  HOSPITAL CASE MAINTENANCE          8.  PRINT RELEASE LIST

   2.  PATIENT RELEASE AUTHORIZATION      9.  REORGANIZE BILL FILE

   3.  PREPARE BILL                      10.  RELEASED PATIENTS REPORT

   4.  CHANGE/INQUIRE BILL               11.  INPATIENT PROCESSING

   5.  DELETE BILL                       12.  INPATIENT WORK SHEET

   6.  PRINT BILL                        13.  CHANGE ASSESSMENTS/PROBLEMS

   7.  PRINT HOSPITAL WORKSHEETS         14.  ORGANIZE HOSPITAL FILE


```

HOSPITAL CASE MAINTENANCE
Add, view and maintain information on patients in the hospital.

PATIENT RELEASE AUTHORIZATION
Finalize bill and flag patient for hospital release.

PREPARE BILL
Create bill for patient in hospital.

CHANGE/INQUIRE BILL
Modify and lookup a bill on a patient in the hospital.

DELETE BILL
Delete a bill that has been prepared for a patient in the hospital.

PRINT BILL
Print a bill that has been prepared for a patient in the hospital.

PRINT HOSPITAL WORKSHEETS
Print a worksheet listing all hospital patients for use in daily rounds.

PRINT RELEASE LIST

Print a list of all patients authorized for discharge.

REORGANIZE BILL FILE
Perform maintenance on billing file.

RELEASED PATIENTS REPORT
Print a list of patients that were released from the hospital.

INPATIENT PROCESSING
Perform daily procedures and medications on patients in the hospital.

INPATIENT WORK SHEET
Print work sheet for and individual patient.

CHANGE ASSESSMENTS/PROBLEMS
Modify previously entered medical information.

REORGANIZE HOSPITAL FILE
Perform maintenance on hospital file.

PATIENT MASTER FILE

```
            ****ANY ANIMAL HOSPITAL -  PATIENT MASTER FILE MAINTENANCE****

1.FAM# 00008     2.PET# 0    3.OWNER JONES, MS. HELEN          4.STATUS A

5.ADD 555 WEST STREET         6.CITY NEW YORK          7.ST NY   8.ZIP  10463

9.PHONE 212/977-5252         10.EMPL NYTA              11.EMPAD 5 CHURCH STREET

12.ECITY NEW YORJ            13.EST NY   14.EZIP 19992  15.EPHONE 212/655-2522
==============================================================================
16.NAME  BUSTER               22.BORN    11/01/98     28.DHP/PCR   02/02/98

17.SPEC. K                    23.MED                   29.DHPCNT

18.BREED MIXED                24.REM                   30.HWT        / /

19.SEX   M                    25.LSTVIS  01/05/99      31.HWTCNT

20.COAT  BN                   26.RABIES  01/05/99      32.Fe.L.V.V   / /

21.WGHT  5                    27.RABCNT                33.VAC.TYPE

ANY CHANGE ?  ...
```

This screen shows the exisiting Patient/Client Master Record.

ACCOUNTS RECEIVABLE MENU

```
 ACCOUNTS RECEIVABLE                                      05/12/99


                    PLEASE SELECT APPLICATION  ..

                    1. CHARGES AND CREDIT ENTRY AND EDITING

                    2. RECEIPTS ENTRY AND EDITING

                    3. PRINT AGED TRIAL BALANCE

                    4. APPLY OPEN CREDIT

                    5. CLIENT CRT ACCOUNT INQUIRY

                    6. STATEMENT/LETTER REPORT

                    7. PRINT STATEMENT/LETTERS

                    8. PRINT COLLECTION REPORT

                    9. PURGE A/R OPEN FILE

```

CHARGES AND CREDIT ENTRY AND EDITING
Manually enter charges and credits (usually passed over from the Cash Register).

RECEIPTS ENTRY AND EDITING
Manually enter payments (usually passed over from the Cash Register).

PRINT AGED TRIAL BALANCE
Print out aged report on client open balances.

APPLY OPEN CREDIT
Apply a payment to a specific invoice.

CLIENT CRT ACCOUNT INQUIRY
Screen display of client A/R information.

STATEMENT LETTER/REPORT
Create dunning report for A/R.

PRINT STATEMENT LETTERS
Create dunning letters for A/R.

PRINT COLLECTION REPORT

Print report for use in collection calling.

PURGE A/R OPEN FILE
Purge out closed payables.

ACCOUNTS PAYABLE MENU

```
 ACCOUNTS PAYABLE




PLEASE SELECT APPLICATION  ..

     1. VENDOR MASTER FILE MAINTENANCE      8. PAYMENT PREPARATION

     2. PRINT ALPHABETICAL VENDOR LIST      9. SPECIFY PARTIAL PAYMENTS

     3. EXPENSE ACCOUNT FILE MAINTENANCE   10. PRINT A/P CHECKS

     4. NEW PAYABLES ENTRY AND EDITING     11. PRINT VENDOR ANALYSIS

     5. PRINT A/P AGED TRIAL BALANCE       12. PRINT G/L DISTRIBUTION CROSS REF

     6. PRINT CASH REQUIREMENTS REPORT     13. PURGE PAYABLES

     7. CHANGE DUE DATES                   14. SYSTEM MANAGEMENT
```

Accounts Payable system is included .

RECALL SYSTEM

```
RECALL SYSTEM                                                   05/12/99


                     PLEASE SELECT APPLICATION  ..
=============================================================================

       1. BUILD INDEX FOR REMINDERS      6. PATIENT VACCINATION LISTING


       2. REMINDER DUE REPORT            7. BUILD INDEX FOR PATIENT MAILERS


       3. REMINDER MAILERS               8. PATIENT MAILERS


       4. HEARTWORM CONTROL              9. REPORT GENERATOR


       5. PUPPIE REMINDERS              10. GRAPH MENU
```

Recall system allows printing of recall reports and mailers. Either post cards or mail merged letters can be created.

PATIENT RECORDS

```
Patient Problem List
Patient #: 000080     Client: JONES, MS. HELEN        Last Visit: 01/05/99
Name: BUSTER          Breed: MIXED         Sex: M  Age:  0.06  Wt:   5.0    ž
 Problem          Assments                           Plans                   ž
OTITIS            RED, INFLAMMED EAR CANAL           PANODRY EAR SOLUTION
                                                     _____




















Use Arrow keys, ^T to Finish
```

This screen represents the screen that the Doctor enters medical information into. A problem is defined, assessed and then a treatment plan is created. Behind the scenes, the bill is being created by items listed in the plans.

CASH REGISTER

```
CASH REGISTER
PATIENT #:000080    CLIENT: JONES, MS. HELEN            PET: BUSTER
 ITEM #     DESCRIPTION                    QTY     PRICE    EXTPRICE DOCT
========================================================================
PANO        PANODRY EAR SOLUTION            1      6.00        6.00  02
_____




















Use arrow keys,<^T> to finish,<ESC> to cancel trx              $       6.00
```

This screen shows the cash register module. The client bill is created by the doctor in the exam room and is waiting at the front desk when the office call is complete. Additional items can be added to the bill.

REPORTS

FEE LIST/ANALYSIS

SER.#	DESCRIPTION	FEE	# MTD	$ MTD	% MTD	# YTD	$ YTD	% YTD
0100	OFFICE VISITS	$ 0.00	0	$ 0.00	0.00	1	$ 20.00	0.00
0101	ESTIMATE LATER BY PHONE	$ 0.00	38	$ 10.00	0.02	38	$ 10.00	0.00
0102	Office Visit	$ 22.00	2	$ 44.00	0.10	928	$ 20,372.00	4.82
0103	Follow-up Examination	$ 11.00	1	$ 11.00	0.03	927	$ 9,183.00	2.17
0104	Follow-up Examination	$ 11.00	1	$ 11.00	0.03	1	$ 11.00	0.00
0105	EMERGENCY OFFICE VISIT	$ 45.00	1	$ 45.00	0.11	1	$ 45.00	0.01
0106	PHYSICAL EXAMINATION	$ 22.00	1	$ 22.00	0.05	936	$ 20,496.00	4.85
0107	Office Visit @ no charge	$ 0.00	1	$ 0.00	0.00	354	$ 0.00	0.00
0108	Consultation	$ 22.00	0	$ 0.00	0.00	451	$ 9,481.00	2.24
0109	Off Visit- Additional pet	$ 11.00	0	$ 0.00	0.00	278	$ 3,033.00	0.72
0110	HUMANE SOCIETY	$ 0.00	0	$ 0.00	0.00	0	$ 0.00	0.00
0111	Pre-Surgical Examination	$ 0.00	0	$ 0.00	0.00	4	$ 22.00	0.01
0112	OFF. VISIT WITHOUT APPNT.	$ 30.00	0	$ 0.00	0.00	0	$ 0.00	0.00
	CATEGORY SUBTOTALS: TOTALS MTD:		45	$ 143.00	0.34 YTD:	3919	$ 62,673.00	14.82
0200	CANINE VACCINATIONS	$ 0.00	9	$ 0.00	0.00	9	$ 0.00	0.00
0201	Canine Combination Vacc.	$ 15.00	0	$ 0.00	0.00	1339	$ 19,757.00	4.68
0202	NEW DESCRIPTION	$ 10.00	0	$ 0.00	0.00	895	$ 8,930.00	2.11
0203	Parvovirus Vaccination	$ 10.00	0	$ 0.00	0.00	1	$ 10.00	0.00
0204	D.H.L.P. Vaccination	$ 10.00	1	$ 10.00	0.02	3	$ 30.00	0.01
0205	Distemper/Measles/H/P Vac	$ 10.00	0	$ 0.00	0.00	0	$ 0.00	0.00
0206	Bordetella Vaccination	$ 10.00	0	$ 0.00	0.00	98	$ 980.00	0.23
0207	Corona Virus Vaccination	$ 10.00	0	$ 0.00	0.00	0	$ 0.00	0.00
0208	DISTEMPER/MEASLES VACCINE	$ 15.00	0	$ 0.00	0.00	3	$ 45.00	0.01
0209	FERRIT VAC	$ 15.00	0	$ 0.00	0.00	14	$ 191.00	0.05
	CATEGORY SUBTOTALS: TOTALS MTD:		10	$ 10.00	0.02 YTD:	2362	$ 29,943.00	7.09

```
                                              -----     ------------                   ------     -------------

   334 SERVICES ON FILE        TOTALS MTD:    38959   $   41,929.04   TOTALS YTD:    86733   $  422,568.90
```

This service report lists the total revenue for each service for the Month as well as for the Year, and includes percent of total revenue.

```
RUN DATE: 13-MAY-99                    ANY HOSPITAL, INC.                                              PAGE
1
ACCOUNTS RECEIVABLE AGED TRIAL BALANCE
AS OF  05/13/99    STATUS: ALL
   DOCUMENT TYPES:   1 = CHARGE (INVOICE)   2 = PAYMENT   3 = CR MEMO   4 = FINANCE CHARGE   5 = DEBIT MEMO

-----------CLIENT ------------  ----DOCUMENT----  APPLY   COURTESY/   CLIENT AMT  --------------AGED DOCUMENT TOTAL---------------
-
  NO  NAME                      TYPE DATE    NO  TO-DOC  AMOUNT     $-RECVED  CB  CURRENT   31-60 DAYS  61-90 DAYS  OVER-90
DAYS

00001 TOM D, MR.                 1 04/15/99  1999 001999    0.00    400.00                 400.00

        CLIENT  TOTAL =     400.00              CLIENT AGED SUB TOTALS:        0.00    400.00       0.00      000.00

00002 EVAN JONES                 1 03/15/99  1888 001888    0.00    400.00                                  700.00

        CLIENT  TOTAL =     700.00              CLIENT AGED SUB TOTALS:        0.00     00.00     700.00      000.00

GRAND  TOTAL =                                 TOTAL CLIENT AGED SUB TOTALS:  0.00    400.00     700.00      000.00
```

This Aged report lists the open balances for all clients.

```
RUN DATE: 13-MAY-99                    ANY HOSPITAL, INC.                                                    PAGE
1
PATIENT RECALL NOTICE PRINT-OUT FOR JANUARY   , 1999

PET#   PATIENT NAME              OWNER              ADDRESS              CITY           ST    ZIP
TYPE     PHONE #      RABIES      #     DHP/PRC     #     HWT/FELEUK     #
=============================================================================================================
=

000010  FLUFFY                  TOM D, MR.              122              STATEN ISLAND   NY    00000
 K               CURRENTLY DUE     CURRENTLY DUE      CURRENTLY DUE


000010  FIDO                    MR. DRAGOS , T                           STATEN ISLAND   NY    00000
 K               CURRENTLY DUE     CURRENTLY DUE      CURRENTLY DUE


000240  CHAMP                   CROWLEY, CHRIS MR.                       STATEN ISLAND   NY    00000
 K    4754134        OVER DUE    2     OVER DUE    2    SEASONAL HWT     A


000241  SECOND PET              CROWLEY, CHRIS MR.                       STATEN ISLAND   NY    00000
 K    4754134        OVER DUE       CURRENTLY DUE      CURRENTLY DUE     A




    12 REMINDERS DUE
    4 LETTERS TO BE PRINTED
```

This report shows reminder postcards or letters to be printed.

```
RUN DATE: 13-MAY-99                    ANY HOSPITAL, INC.                                              PAGE
1

CALLBACKS DUE REPORT

ALL STATUS

PATIENT #       PATIENT            OWNER              ENTERED      RECALL                 REASON
    PHONE #          SPECIES       BREED       SEX     REM         CB STAT     COMMENT
========================================================================================================
=
00098          TOM                KLEIN, ABRAHAM      01/01/99     05/13/99               SURGERY FOLLOWUP
526-467-6162        K             ROTTE          N                                        WAS HIT BY CAR, RECUPERATING
      0 CALLBACKS ON DUE ON: 05/13/99
```

This report shows all call backs due today.

```
RUN DATE: 13-MAY-99                  ANY HOSPITAL, INC.                                                  PAGE
1

PATIENT MASTER FILE PRINT-OUT

FAM#      OWNER                      HOME ADD              STAT    PHONE                    CITY            ST        ZIP
PAT#      PETNAME    BUS. PHONE#    TYPE   SEX    BREED    REM    COAT COLOR   WEIGHT   MEDICATIONS       REMARKS    BORN
=====================================================================================================================
=

00001    TOM D, MR.                  122                   N                              STATEN ISLAND    NY      00000
0        FLUFFY                      K     M    SHEPARD            B            120                                 12/05/95
```

This is a Patient Master File Report .

```
RUN DATE: 12-MAY-99                      ANY HOSPITAL, INC.                                            PAGE
1

INVENTORY MASTER FILE PRINT-OUT

PRODUCTS OF ALL VENDORS
ALL PRODUCT CATEGORIES

-------------------ITEM------------------- CAT   UNIT PRI  ORD  PRI  UNIT CD   ORD  CD  QTY-OH QTY-ONO  RO-LEV  RO-QTY VENDER
     NO         DESCRIPTION                QTY-MTD QTY-YTD                              COST-MTD   COST-YTD

18X1       NEEDLES 18GAX1 100/BX            SN     0.00      0.00    BX        BX        10      0        0       0    AIRTI
                                             0         0                                 0.00              0.00
VENDER 1:AIRTI      VENDER 2:AIRTI      VENDER2 LST$  0.00


A234567890  TEST ITEM                       AB    30.00      0.00    AB        AB         0      0        0       0
                                             0         0                                 0.00              0.00
VENDER 1:           VENDER 2:           VENDER2 LST$  0.00
```

This is an Inventory Master File Report .

```
ANY ANIMAL HOSPITAL                 Page: 01


Patient Number: 000010
TOM D, MR.                   Pet Name: FLUFFY         Breed SHEPARD
Sex: M     Born:  3.05       Weight120.0              Last Visit: 01/27/99




Date:  01/22/99    Time:  04:08PM    Doctor:  12


Problems                  Assessments                 Plans
-------------------------------------------------------------------------

OTITIS                    EAR RED, INFECTED           GENTOCIN OTIC
                                                      D.H.L.P. Vaccination
                                                      FLUSH EARS
_____


Patient Number: 000011
L JONES, MR.                 Pet Name: SANTA          Breed DSH
Sex: N     Born:  3.05       Weight120.0              Last Visit: 03/27/99
```

```
Date:  01/22/99    Time:  04:08PM     Doctor:  12


Problems                  Assessments                  Plans
-------------------------------------------------------------------

HBC                       BROKEN LEG                   XRAY
                                                       CAST
```

This is a Hospital Worksheet .

END OF DAY REPORTS

```
================================================================================
REPORT FOR: 05/12/99        ANY HOSPITAL, INC.                    PAGE:  1
04:15:55 PM                 DAILY TRANSACTION REPORT
================================================================================
TRXNUM    INVOIC    PATID       CLIENT                    PET           TYPE
ITM#.      ITEM/SERVICE    QTY      PRICE        EXTPRICE  DR.

000538    000538    000010    TOM D, MR.              FLUFFY          K

AMIGL AMIGLYDE-V 1GM/4ML      1      $   0.00     $   0.00   01
0728  K/D FELINE RX DIET      1      $   1.50     $   2.00   01
1801  ABSCESS TREATMENT       1      $  45.00     $  45.00   01
                                                 ----------
                                        TOTAL: $  47.00
                                        PAID : $  47.00        CASH


          TIME IN: 02:03:37 PM   TIME OUT: 02:31:27 PM
--------------------------------------------------------------------------------

000539    000539    000010    TOM D, MR.              FLUFFY          K

AMIGL AMIGLYDE-V 1GM/4ML      1      $   0.00     $   0.00   01
0728  K/D FELINE RX DIET      1      $   1.50     $   2.00   01
0616  LEPTOSPIROSIS TITER     1      $  12.00     $  12.00   01
                                                 ----------
                                        TOTAL: $  14.00
                                        PAID : $  14.00        C.C.


          TIME IN: 02:03:37 PM   TIME OUT: 02:31:31 PM
--------------------------------------------------------------------------------
```

```
================================================================================
REPORT FOR: 05/12/99        ANY HOSPITAL, INC.                   PAGE:  1
04:15:55 PM                 DAILY TRANSACTION SUMMARY
================================================================================
                            SALES
                            =====


          TOTAL # OF TRANSACTIONS   :    2
          TOTAL $ ALL SALES         : $   61.00

          TOTAL # SERVICES RENDERED :    2
          TOTAL $ SERVICES RENDERED : $   57.00

          TOTAL # INVENTORY DISPENSED:   4
          TOTAL $ INVENTORY DISPENSED: $   3.00


                            PAYMENTS
                            ========


          TOTAL # OF PAYMENTS        :    2
          TOTAL $ OF PAYMENTS        : $   61.00

          TOTAL # CASH PAYMENTS      :    1
          TOTAL $ CASH PAYMENTS      : $   47.00

          TOTAL # CHECK PAYMENTS     :    0
          TOTAL $ CHECK PAYMENTS     : $    0.00

          TOTAL # CREDIT CARDS       :    1
          TOTAL $ CREDIT CARDS       : $   14.00

          TOTAL ADDED TO A/R         : $    0.00
```

```
================================================================================
REPORT FOR: 05/12/99          ANY HOSPITAL, INC.                    PAGE:  1
04:15:55 PM                CASHOUT/REFUNDS - DOCTOR TOTALS
================================================================================


                         TOTAL # PAID OUT  0
                         TOTAL $ PAID OUT    $0.00


                         TOTAL # REFUNDS  0
                         TOTAL $ REFUNDS     $0.00

                         TOTAL # DISCOUNTS  0
                         TOTAL $ DISCOUNTS $    0.00

                         FROM DRAWER $   61.00


                             DOCTOR TOTALS
                             =============

                          DOCTOR # 1  :$  60.00


                   AVERAGE TRANSACTION :$   30.50


                             REFUNDS GIVEN
                             =============
                             NO REFUNDS


================================================================================
                             END OF REPORT

================================================================================
```

```
================================================================================
REPORT FOR: 05/12/99          ANY HOSPITAL, INC.                    PAGE:  1
04:15:55 PM                   MISSING CHECKOUTS
================================================================================

       000021     MR. DRAGOS, RICHARD        SANDY            01:59:12 PM
       000095     KOUMBIS                    TASHA            01:59:31 PM
                        2  MISSING CHECKOUTS
```

```
                    ANY HOSPITAL INCORPORATED

                         YOUR ADDRESS

                    STATEN ISLAND, N.Y. 11111

                        555/555-1111



                      RECEIPT OF SERVICES



PATIENT :FLUFFY - MALE DOG
OWNER   :TOM D, MR.
ADDRESS :122
         STATEN ISLAND  , NY 00000
DATE    :03/02/00
TIME    :02:33:46 PM


    FLUFFY       has  had  the  following procedures performed, services
rendered or medication dispensed:

              AMIGLYDE-V 1GM/4ML          -  $25.00

              K/D FELINE RX DIET          -   $2.00

              LEPTOSPIROSIS TITER         -  $12.00


                                       _____

                             CHARGES -  $14.00
                             PAYMENT -  $14.00
                            PAID BY:  CREDIT CARD
                             BALANCE -   $0.00
                               DUE


             Our records on FLUFFY show:
             BORN             : December, 1995
             LAST RABIES      :   /  /
             LAST DHLP/PARVO  :   /  /
             LAST HEARTWORM TEST:   /  /

             ACCOUNT BALANCE    : $ 145.64
```

This is a Client Receipt .

```
            PAGE  1  - LAST PAGE OF RECEIPT
```

==

```
0100  OFFICE VISITS               $   0.00
0101    ESTIMATE LATER BY PHONE   $   0.00
0102    Office Visit              $  22.00
0103    Follow-up Examination     $  11.00
0104    Follow-up Examination     $  11.00
0105    EMERGENCY OFFICE VISIT     $  45.00
0106    PHYSICAL EXAMINATION       $  22.00
0107    Office Visit @ no charge  $   0.00
0108    Consultation              $  22.00
0109    Off Visit- Additional pet $  11.00
0110    HUMANE SOCIETY             $   0.00
0111    Pre-Surgical Examination  $   0.00
0112    OFF. VISIT WITHOUT APPNT.  $  30.00
0200  CANINE VACCINATIONS          $   0.00
0201    Canine Combination Vacc.  $  15.00
0202    NEW DESCRIPTION            $  10.00
0203    Parvovirus Vaccination    $  10.00
0204    D.H.L.P. Vaccination      $  10.00
0205    Distemper/Measles/H/P Vac $  10.00
0206    Bordetella Vaccination    $  10.00
0207    Corona Virus Vaccination  $  10.00
0208    DISTEMPER/MEASLES VACCINE  $  15.00
0209    FERRIT VAC                 $  15.00
0300  FELINE VACCINATIONS          $   0.00
0301    DISTEMPER/RESPIRATORY      $  15.00
0302    Rabies Vaccination        $  10.00
0303    Panleukopenia Vaccination $  10.00
0304    Pneumonitis Vaccination   $  10.00
0305    Leukemia Virus Vaccntion  $  16.00
0400  IN-OFFICE MEDICAL SERVS.     $   0.00
0403    Injection                 $  15.00
0404    DEWORMING TREATMENT        $  15.00
0405    Deworming Injection       $  16.00
0406    Deworming Injection       $  16.00
0407    Suture Removal            $   0.00
0409    Pedicure                  $   0.00
0411    Apply Bandage             $  15.00
0415    Clipping                  $   0.00
0416    Ear Treatment             $  10.00
0417    Fluorescein Eye Stain     $  10.00
0418    Express Anal Sacs         $   0.00
0419    EXP. & INFUSE ANAL SACS    $  20.00
0420    Fluorescein Corneal Stain $  10.00
0421    1 MONTH HEARTWM PREVNTION  $   6.00
0422    Naso-Lacrml Duct Patency  $  10.00
0423    Nail/Beak/Wing Trimming   $   0.00
0499    Flea Treatment            $   6.00
0500  IN-HOSP. LABORATORY SERVS    $   0.00
```

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0503      P.C.V. and Total Solids    $  10.00
0505      Heartworm Blood Test       $  15.00
```

This is a Service Price List.

PHARMACY PRICE LIST

PRODUCTS OF ALL VENDORS
ALL PRODUCT CATEGORIES

```
-------------------ITEM------------------- CAT    UNIT PRI   UNIT CD

18X1        NEEDLES 18GAX1 100/BX          SN      0.00       BX

A234567890  TEST ITEM                      AB     30.00       AB

AA1000      AA1000 INJ 500 CC VIAL         XX      0.00       EA

ACE1        Acepromazine Tabs 10mg.        TR      0.50       EA

ACE2        Acepromazine Tabs 25mg.        TR      0.80       EA

ACEJ        ACEPROMAZINE INJ. 50CC VIAL    TR      0.00       VI

ACTHGEL     ACTH GEL 40U/CC                HO      0.00       VI

ADAMS       ADAMS FLEA OFF MIST            PA     12.00       EA

ADRENALIN   ADRENALIN 30CC-VIAL            CR      0.00       VI

AFT1        AQUA FILM TEARS 15CC-          OP      5.00       EA

ALB1        ALBON 125MG TABS               AB      0.20       TB

ALB2        ALBON 250 MG TABS              AB      0.20       TB

ALBL        ALBON SUSPENSION 2 OZ.         AB      7.00       EA

ALCOHOLGAL  ALCOHOL 1GAL                   HS      0.00       GA

AMFS        AMFOROL SUSPENSION             GI      5.00       OZ

AMFT        Amforol Tablets                GI      0.60       TA

AMIGLYDE    AMIGLYDE-V 1GM/4ML             XX      0.00       VI

AMIN        Aminophylline 100mg [100/Bot]  CR     10.00       BT

AMIN2       AMINOPHYLLINE 200MG (100 BT)   CR     15.00       BT

AMINJ       AMINOPHYLLINE INJ.             CR      0.00       VI

AMINL       AMINOPHYLLINE ORAL LIQ 8OZ     CR     10.00       BT

AMINOPLEX   AMINOPLEX                      FL      0.00       EA

AMX1        Amoxicillin Tabs 100mg.        AB      0.40       EA

AMX2        Amoxicillin Tabs 200 mg.       AB      0.50       TB

AMX4        Amoxicillin Tabs. 400 mg.      AB      1.00       EA

AMX5        Amoxicillin Tabs 50mg.         AB      0.25       EA
```

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This is a Pharmacy Price List .

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                    ******************************
                    * DAILY WORKSHEET - 05/13/99 *
                    ******************************



CLIENT  : MR. LAURACELLA, JOHN        HOME PHONE: 7182445696
PATIENT : KITT                 NUMBER : 000030
BREED   : SPANIEL              COAT : 03      SEX:  F    MED:          REM:
ADMITTED: 12/11/98
      BY: 02
DIAG1   :
DIAG2   :
COMMENT :
RELEASE : 01/27/99
========================================================================
      TIME               TREATMENT              COMMENTS        INITIALS
```

This is a Hospital Worksheet .

```
RUN DATE: 05/13/99            ANY HOSPITAL, INC.                    PAGE:   1
                              DAILY RELEASE LIST


  PAT. #        OWNER           PATIENT    SPECIES   BREED   SEX ADMITTED
==============================================================================

000030  MR. LAURACELLA, JOHN    KITT        2 SPANIEL          F  12/11/98
DIAGNOSIS:


******************************************************************************
*    BILLING INFORMATION    *   RECHECK APPOINTMENT   *    RELEASE DATE/TIME    *
*    ===================    *   ==================    *    ==================    *
*    TOTAL:   $  52.00      *   RECHECK ON:   /  /     *   DATE :  01/27/99      *
*                           *                          *                         *
*    DEPOSIT: $   0.00      *   CHECK TYPE:            *   TIME :     PM         *
*                           *                          *                         *
*    BALANCE: $  52.00      *                          *   PICKUP:               *
******************************************************************************


# PATIENTS FOR RELEASE ON 05/13/99 :    1
```

This is a Release Form.

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