



Vet-ER

SOFTWARE FOR VETERINARY EMERGENCY HOSPITALS AND CLINICS





OVERVIEW

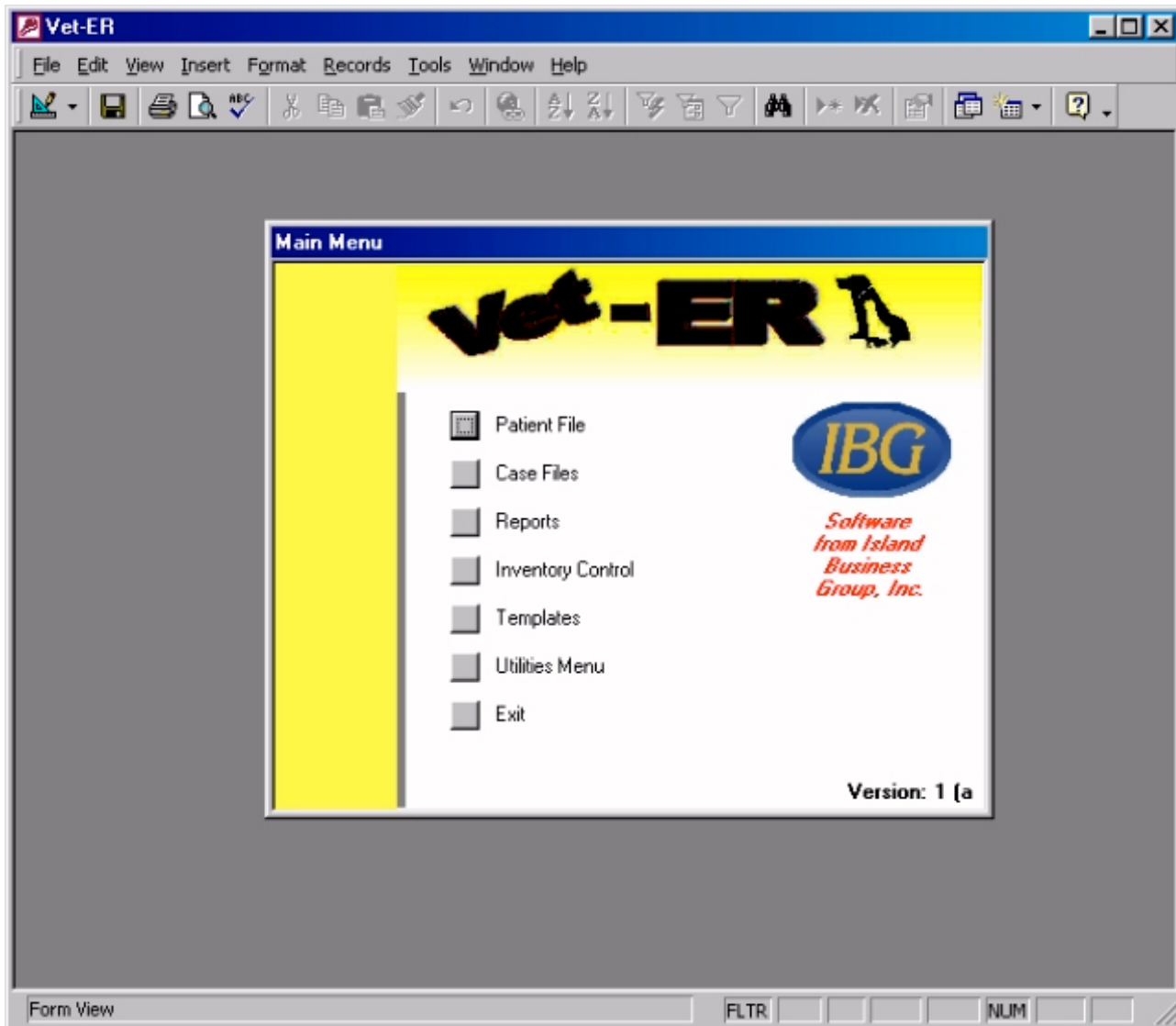
VET-ER was designed in conjunction with a busy Veterinary Emergency clinic. All of the needs of a busy emergency practice are addressed. Medical records, client billing, Point-Of-Sale, estimates, patient information, laboratory results, revenue analysis and pharmacy label printing are just a few of the functions of this powerful piece of software. The special needs of emergency practices are part of this application.

Written in the powerful Microsoft Access database, **VET-ER** integrates with the Microsoft Office Suite, allowing sharing of your listings for mail merges, queries and reporting from any Office product or virtually any product that can run in Windows.

Our professional staff of programmers, analysts, consultants and technicians are available to insure proper installation, configuration and training of your staff.

Utilizing state-of-the-art technology **VET-ER** will work in today's busy hospital or clinic and will grow as your practice grows. Inherently upscaleable, **VET-ER** will work in a single practitioner office, or in a practice of hundreds veterinarians.

The following pages demonstrate sample screens and reports that are available from the system.



The System main menu, showing all of the available functions.

- ***Patient File:*** Maintain pertinent information on patients and clients.
- ***Case Files:*** Add, change, delete and view specific case data.
- ***Reports:*** Numerous analysis, billing and medical reports are available.
- ***Inventory Control:*** Track pharmacy and clinic items, establish reorder levels, place orders, do analysis.
- ***Templates:*** Case and treatment templates help insure best medical care as well as proper billing and case handling.
- ***Utilities:*** Track attending veterinarians, referring hospitals and other auxiliary data.



This is the Patient file screen. Important client and patient information is maintained. Estimates, client history, case file, discharge procedures and the Point Of Sale/Register module is available from this screen.



Case Fee Estimate

Estimate

Doctor's Check List Print Estimate Accept Estimated Fee and Admit Patient

Case/Patient #: 9 Client: JACKSON, LARRY

Att. Vet.: TEST, HARRY Patient: PEANUT

General Problem: laceration-large Admit Date: 5/4/00 11:05:57 AM

Service Line Items

Service/Item	Min Qty	Max Qty	Min Ext. Price	Max Ext. Price
▶ APPLY BANDAGE	1	1	\$28.00	\$28.00
CLEAN AND DEBRIDE WOUND	1	1	\$60.00	\$60.00
*	1	1	\$0.00	\$0.00

Total Estimate \$88.00 \$88.00

Record: 1 of 2

Credit: Minimum Maximum

Est. Balance: \$88.00 \$88.00

This is the Estimate Screen. By choosing a general problem, a predefined template of procedures and associated charges are loaded. A Doctor's Check List can be printed for use during the exam, the estimate can be printed and the patient can be admitted from this screen.

Sample Estimate

Vet-ER Clinic *Estimate of Fees*
4250 Veterans Memorial Hwy
Holbrook, New York 11741
(516) 467-6162 9/27/00 2:57:08 PM

Case #	Client	Patient	Attending Vet	General Problem
9	JACKSON, LARRY	PEANUT	TEST, HARRY	laceration-large

Code	Service/Item	Quantity	Ext. Fee
411	APPLY BANDAGE	1	\$28.00
1202	CLEAN AND DEBRIDE WOUND	1	\$60.00
Total			\$88.00
Credit			\$0.00
Balance			\$88.00

*There are ESTIMATED fees. Additional fees for testing, advanced treatment may be required.

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby authorize and direct the veterinarians and staff of the Vet-ER Clinic to perform the above procedure and additional diagnostic and treatment procedures as are deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk in these procedures. The veterinarian and I understand that the Vet-ER Clinic has been an emergency facility and is not intended to be a substitute for complete medical care, which cannot be provided at this facility. I understand that in the event of any remaining problems I am to notify my own veterinarian or another veterinarian selected by me within a reasonable time period for follow-up care. I hereby understand the above statement.

I agree to pay in full for services rendered including those deemed necessary for medical or surgical complications or unforeseen circumstances. The above estimate of charges for presently planned procedures is only an approximation and the final bill may be greater or less than this amount.

I have read the conditions of this hospital and acknowledge receipt of a copy of this form.

SIGNATURE OF OWNER _____ DATE _____

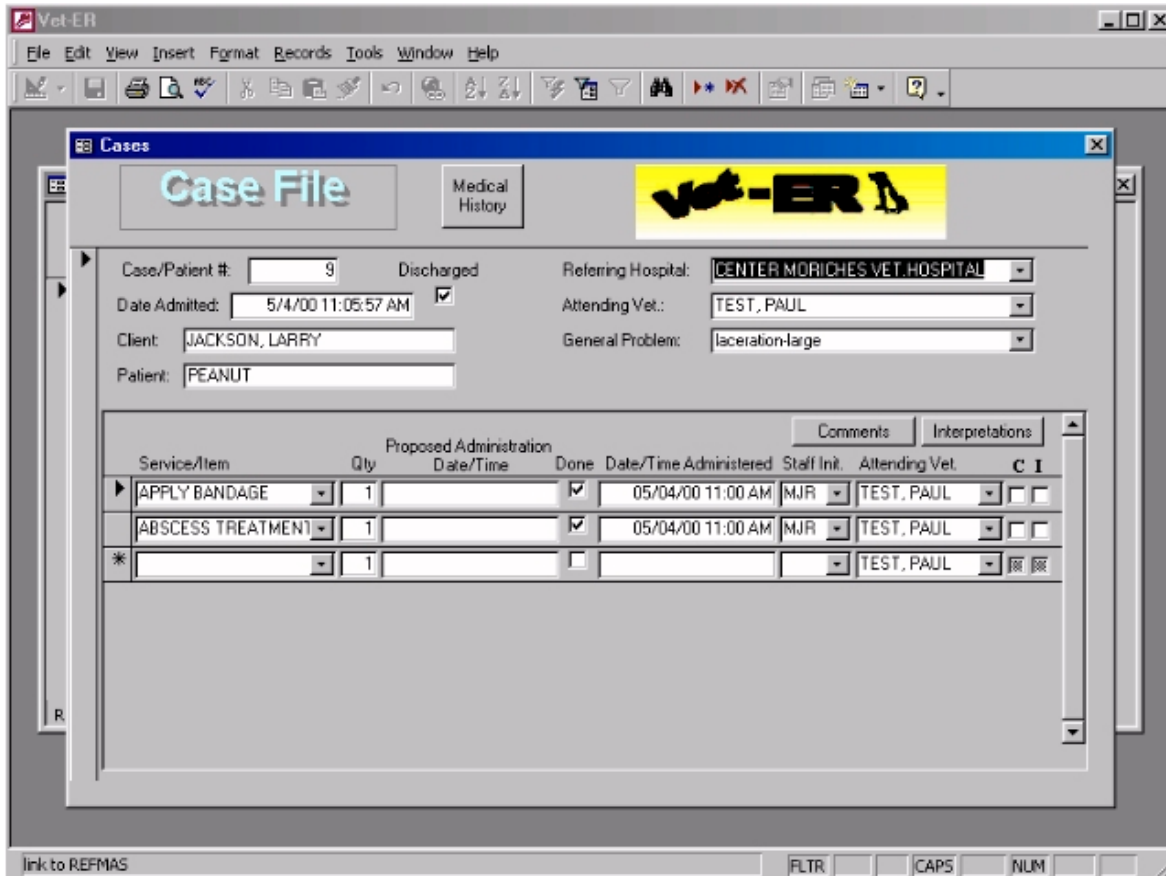


Doctor's Check List

Case #	Client	Patient	Attending Vet	Date	General Problem
0100	JACKSON, LARRY	PEARLUT	WELT, HARRY	2/4/00	accident - leg
0100 OFFICE VISITS					
0100	PREVIOUS 60	0101	726 HADGORDS W FOLLOW UP	0102	BARCORPORATE HOSPITAL
0100		0104	EXPOSURE TO 1400-6000	0107	OFFICE VISIT AND CHARGE
0110	SAFETY CONTRACT	0111	OTHER	0112	WILDLIFE CHECK
0110	COULDS VET HADGORDS			0113	STRENGTH TREATMENT
0200 IN OFFICE MEDICAL SERVICES					
0200	CONCERN	0201	STRENGTH	0202	INJECTION R
0210	CONCERN	0211	STRENGTH	0212	FLUORIDE IN VET STATION
0220	INJECTION WITHOUT CON	0221	SCALD LITE 500	0222	SCALD LITE 500
0230	SCALD LITE 500	0231	OTHER	0232	SCALD LITE 500
0240	SCALD LITE 500	0241	OTHER	0242	SCALD LITE 500
0250	SCALD LITE 500	0251	OTHER	0252	SCALD LITE 500
0260	SCALD LITE 500	0261	OTHER	0262	SCALD LITE 500
0270	SCALD LITE 500	0271	OTHER	0272	SCALD LITE 500
0280	SCALD LITE 500	0281	OTHER	0282	SCALD LITE 500
0290	SCALD LITE 500	0291	OTHER	0292	SCALD LITE 500
0300 IN HOSP. LAB. SERVICES					
0300	CONCERN	0301	STRENGTH	0302	INJECTION R
0310	CONCERN	0311	STRENGTH	0312	FLUORIDE IN VET STATION
0320	INJECTION WITHOUT CON	0321	SCALD LITE 500	0322	SCALD LITE 500
0330	SCALD LITE 500	0331	OTHER	0332	SCALD LITE 500
0340	SCALD LITE 500	0341	OTHER	0342	SCALD LITE 500
0350	SCALD LITE 500	0351	OTHER	0352	SCALD LITE 500
0360	SCALD LITE 500	0361	OTHER	0362	SCALD LITE 500
0370	SCALD LITE 500	0371	OTHER	0372	SCALD LITE 500
0380	SCALD LITE 500	0381	OTHER	0382	SCALD LITE 500
0390	SCALD LITE 500	0391	OTHER	0392	SCALD LITE 500
0400 RADIOLOGY					
0400	CONCERN	0401	STRENGTH	0402	INJECTION R
0410	CONCERN	0411	STRENGTH	0412	FLUORIDE IN VET STATION
0420	INJECTION WITHOUT CON	0421	SCALD LITE 500	0422	SCALD LITE 500
0430	SCALD LITE 500	0431	OTHER	0432	SCALD LITE 500
0440	SCALD LITE 500	0441	OTHER	0442	SCALD LITE 500
0450	SCALD LITE 500	0451	OTHER	0452	SCALD LITE 500
0460	SCALD LITE 500	0461	OTHER	0462	SCALD LITE 500
0470	SCALD LITE 500	0471	OTHER	0472	SCALD LITE 500
0480	SCALD LITE 500	0481	OTHER	0482	SCALD LITE 500
0490	SCALD LITE 500	0491	OTHER	0492	SCALD LITE 500
0500 X-RAYS					
0500	CONCERN	0501	STRENGTH	0502	INJECTION R
0510	CONCERN	0511	STRENGTH	0512	FLUORIDE IN VET STATION
0520	INJECTION WITHOUT CON	0521	SCALD LITE 500	0522	SCALD LITE 500
0530	SCALD LITE 500	0531	OTHER	0532	SCALD LITE 500
0540	SCALD LITE 500	0541	OTHER	0542	SCALD LITE 500
0550	SCALD LITE 500	0551	OTHER	0552	SCALD LITE 500
0560	SCALD LITE 500	0561	OTHER	0562	SCALD LITE 500
0570	SCALD LITE 500	0571	OTHER	0572	SCALD LITE 500
0580	SCALD LITE 500	0581	OTHER	0582	SCALD LITE 500
0590	SCALD LITE 500	0591	OTHER	0592	SCALD LITE 500
0600 HOSPITAL EXPENSE					
0600	CONCERN	0601	STRENGTH	0602	INJECTION R
0610	CONCERN	0611	STRENGTH	0612	FLUORIDE IN VET STATION
0620	INJECTION WITHOUT CON	0621	SCALD LITE 500	0622	SCALD LITE 500
0630	SCALD LITE 500	0631	OTHER	0632	SCALD LITE 500
0640	SCALD LITE 500	0641	OTHER	0642	SCALD LITE 500
0650	SCALD LITE 500	0651	OTHER	0652	SCALD LITE 500
0660	SCALD LITE 500	0661	OTHER	0662	SCALD LITE 500
0670	SCALD LITE 500	0671	OTHER	0672	SCALD LITE 500
0680	SCALD LITE 500	0681	OTHER	0682	SCALD LITE 500
0690	SCALD LITE 500	0691	OTHER	0692	SCALD LITE 500
0700 PROCESSING SERVICES					
0700	CONCERN	0701	STRENGTH	0702	INJECTION R
0710	CONCERN	0711	STRENGTH	0712	FLUORIDE IN VET STATION
0720	INJECTION WITHOUT CON	0721	SCALD LITE 500	0722	SCALD LITE 500
0730	SCALD LITE 500	0731	OTHER	0732	SCALD LITE 500
0740	SCALD LITE 500	0741	OTHER	0742	SCALD LITE 500
0750	SCALD LITE 500	0751	OTHER	0752	SCALD LITE 500
0760	SCALD LITE 500	0761	OTHER	0762	SCALD LITE 500
0770	SCALD LITE 500	0771	OTHER	0772	SCALD LITE 500
0780	SCALD LITE 500	0781	OTHER	0782	SCALD LITE 500
0790	SCALD LITE 500	0791	OTHER	0792	SCALD LITE 500
0800 MISCELLANEOUS EXPENSE					
0800	CONCERN	0801	STRENGTH	0802	INJECTION R
0810	CONCERN	0811	STRENGTH	0812	FLUORIDE IN VET STATION
0820	INJECTION WITHOUT CON	0821	SCALD LITE 500	0822	SCALD LITE 500
0830	SCALD LITE 500	0831	OTHER	0832	SCALD LITE 500
0840	SCALD LITE 500	0841	OTHER	0842	SCALD LITE 500
0850	SCALD LITE 500	0851	OTHER	0852	SCALD LITE 500
0860	SCALD LITE 500	0861	OTHER	0862	SCALD LITE 500
0870	SCALD LITE 500	0871	OTHER	0872	SCALD LITE 500
0880	SCALD LITE 500	0881	OTHER	0882	SCALD LITE 500
0890	SCALD LITE 500	0891	OTHER	0892	SCALD LITE 500
0900 PHARMACY					
0900	CONCERN	0901	STRENGTH	0902	INJECTION R
0910	CONCERN	0911	STRENGTH	0912	FLUORIDE IN VET STATION
0920	INJECTION WITHOUT CON	0921	SCALD LITE 500	0922	SCALD LITE 500
0930	SCALD LITE 500	0931	OTHER	0932	SCALD LITE 500
0940	SCALD LITE 500	0941	OTHER	0942	SCALD LITE 500
0950	SCALD LITE 500	0951	OTHER	0952	SCALD LITE 500
0960	SCALD LITE 500	0961	OTHER	0962	SCALD LITE 500
0970	SCALD LITE 500	0971	OTHER	0972	SCALD LITE 500
0980	SCALD LITE 500	0981	OTHER	0982	SCALD LITE 500
0990	SCALD LITE 500	0991	OTHER	0992	SCALD LITE 500
1000 CREAMS					
1000	CONCERN	1001	STRENGTH	1002	INJECTION R
1010	CONCERN	1011	STRENGTH	1012	FLUORIDE IN VET STATION
1020	INJECTION WITHOUT CON	1021	SCALD LITE 500	1022	SCALD LITE 500
1030	SCALD LITE 500	1031	OTHER	1032	SCALD LITE 500
1040	SCALD LITE 500	1041	OTHER	1042	SCALD LITE 500
1050	SCALD LITE 500	1051	OTHER	1052	SCALD LITE 500
1060	SCALD LITE 500	1061	OTHER	1062	SCALD LITE 500
1070	SCALD LITE 500	1071	OTHER	1072	SCALD LITE 500
1080	SCALD LITE 500	1081	OTHER	1082	SCALD LITE 500
1090	SCALD LITE 500	1091	OTHER	1092	SCALD LITE 500
1100 DISPENSABLE DRUGS					
1100	CONCERN	1101	STRENGTH	1102	INJECTION R
1110	CONCERN	1111	STRENGTH	1112	FLUORIDE IN VET STATION
1120	INJECTION WITHOUT CON	1121	SCALD LITE 500	1122	SCALD LITE 500
1130	SCALD LITE 500	1131	OTHER	1132	SCALD LITE 500
1140	SCALD LITE 500	1141	OTHER	1142	SCALD LITE 500
1150	SCALD LITE 500	1151	OTHER	1152	SCALD LITE 500
1160	SCALD LITE 500	1161	OTHER	1162	SCALD LITE 500
1170	SCALD LITE 500	1171	OTHER	1172	SCALD LITE 500
1180	SCALD LITE 500	1181	OTHER	1182	SCALD LITE 500
1190	SCALD LITE 500	1191	OTHER	1192	SCALD LITE 500
1200 GENERAL SURGERY					
1200	CONCERN	1201	STRENGTH	1202	INJECTION R
1210	CONCERN	1211	STRENGTH	1212	FLUORIDE IN VET STATION
1220	INJECTION WITHOUT CON	1221	SCALD LITE 500	1222	SCALD LITE 500
1230	SCALD LITE 500	1231	OTHER	1232	SCALD LITE 500
1240	SCALD LITE 500	1241	OTHER	1242	SCALD LITE 500
1250	SCALD LITE 500	1251	OTHER	1252	SCALD LITE 500
1260	SCALD LITE 500	1261	OTHER	1262	SCALD LITE 500
1270	SCALD LITE 500	1271	OTHER	1272	SCALD LITE 500
1280	SCALD LITE 500	1281	OTHER	1282	SCALD LITE 500
1290	SCALD LITE 500	1291	OTHER	1292	SCALD LITE 500

Sample Doctor's Checklist

When a case template is loaded, the appropriate items are automatically charged for and selected on the checklist.



Case File

Case/Patient #: 9 Discharged: ☒ Referring Hospital: CENTER MORICHES VET. HOSPITAL

Date Admitted: 5/4/00 11:05:57 AM Attending Vet.: TEST, PAUL

Client: JACKSON, LARRY General Problem: laceration-large

Patient: PEANUT

Service/Item	Qty	Proposed Administration Date/Time	Done	Date/Time Administered	Staff Init.	Attending Vet.	C I
APPLY BANDAGE	1		<input checked="" type="checkbox"/>	05/04/00 11:00 AM	MJR	TEST, PAUL	
ABSCESS TREATMENT1	1		<input checked="" type="checkbox"/>	05/04/00 11:00 AM	MJR	TEST, PAUL	
*	1		<input type="checkbox"/>			TEST, PAUL	

link to REFMA5 FLTR CAPS NUM

The Case File Screen monitors the case for the patient while in the hospital. Items are automatically billed when completed on this screen. The medical history can also be seen from this screen.



TreatmentPlans

Treatment Plans

Description broken bone **General Problem** HIT BY CAR

Comments This is a Treatment Plan Template

Treatment Line Items

Service/Item	Qty	# hours until Administration	Fee	Ext. Price
ETR FEE	1	0	\$60.00	\$60.00
RADIOGRAPH/ADDITIONAL	1	1	\$42.00	\$42.00
QUICK SPLINT	1	1	\$46.00	\$46.00
I.V. FLUIDS /PER BAG	3	2	\$25.00	\$75.00
INJECTIONS #	3	5	\$19.00	\$57.00
	1	0	\$0.00	\$0.00
Total Treatment Fee				\$280.00

Record: 1 of 3

This is the Treatment Plan template screen. By predefining the standard course of treatment for a particular problem, you will not only capture lost billings, but also lay out policies.



The screenshot shows the Vet-ER software interface. A 'Client History' window is open, displaying a table of client records. The table has columns for Name, Address, City, State, Zip, Home Phone, Business Phone, and Date. The first record is for JACKSON, LARRY, with address 333 TEST ROAD, city SELDEN, state NY, zip 11784, home phone (631) 888-1999, business phone (631) 992-9121, and date 5/4/00. The second record is partially visible with address NY and zip 11784, home phone (631) 992-9121, and date \$0.00. The window also includes buttons for 'Show Client Detail' and 'Copy data to new record'. The background shows the main Vet-ER interface with a menu bar (File, Edit, View, Insert, Format, Records, Tools, Window, Help) and a toolbar. A 'PATIENTS' list is visible on the left, and a 'Record' field is at the bottom.

Name	Address	City	State	Zip	Home Phone	Business Phone	Date
JACKSON, LARRY	333 TEST ROAD	SELDEN	NY	11784	(631) 888-1999	(631) 992-9121	5/4/00

Patient history screen allows review of prior cases.



Vet-ER

File Edit View Insert Format Records Tools Window Help

CASH REGISTER

Register

Invoice # 9 Date 5/4/00 Patient PEANUT

Client LARRY Referred By CENTER MORICHES VET. HOSPITAL

JACKSON Admitting Veterinarian TEST, PAUL

SERVICE/ITEM	Veterinarian	QTY	FEE	EXT PRICE
ABCESS TREATMENT	TEST, PAUL	1	\$100.00	\$100.00
APPLY BANDAGE	TEST, PAUL	1	\$56.00	\$56.00
*	TEST, PAUL	1	\$0.00	\$0.00

Record: 2 of 2

SUBTOTAL \$156.00

Payment Type	Amount Paid	Date/Time	Reference #
CASH	\$156.00	5/4/00 11:07:29 AM	2222

TOTAL PAID: \$156.00

BALANCE DUE: \$0.00

PRINT RECEIPT

Record: 3 of 744

Form View

CAPS NUM

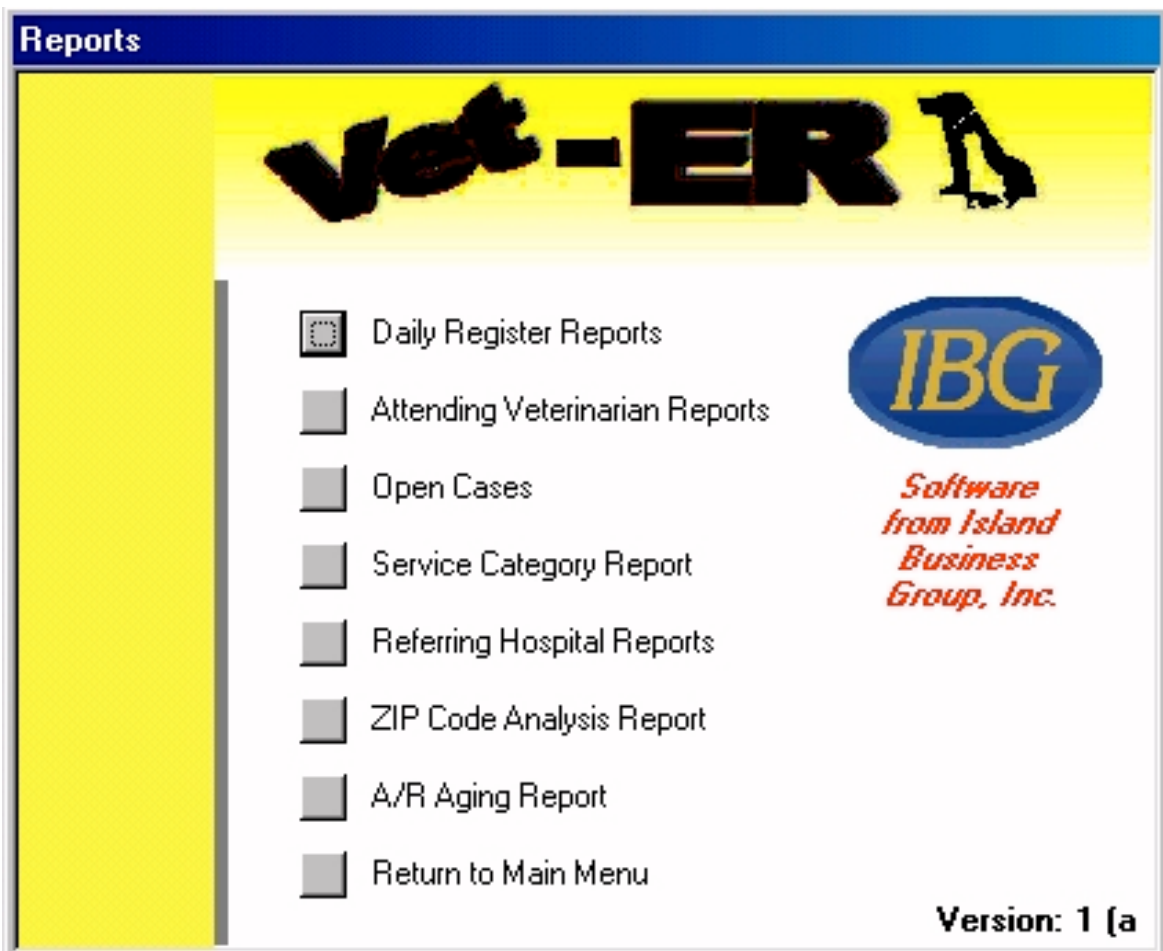
This is the Point Of Sale/Cash Register Screen. When a patient is discharged, the bill is automatically calculated.

A screenshot of the Vet-ER software interface. The window title is "Vet-ER". The menu bar includes File, Edit, View, Insert, Format, Records, Tools, Window, and Help. The toolbar contains various icons for file operations, editing, and viewing. The main content area is titled "MedicalHistory" and features a "Medical History" tab. To the right of the tab are buttons for "Surgical Report", "Laboratory Data", "Diagnostic Report", and "Treatment Selections". A "Vet-ER" logo is displayed in the top right corner of the main area. The main area is divided into four large text input fields: "General History", "Objective", "Assessment", and "Plan". Below the "Assessment" field is a "Discharge Summary" field. At the bottom right, there is a "Patient Instructions" field and an "Instruction List" dropdown menu. The status bar at the bottom shows "Form View" and some numerical values like "CAPS" and "NUM".

The Medical History Screen presents the history of the case as well as notes from the attending veterinarian and the staff.

A screenshot of the Vet-ER software interface. The main window is titled "Vet-ER" and has a menu bar with "File", "Edit", "View", "Insert", "Format", "Records", "Tools", "Window", and "Help". Below the menu bar is a toolbar with icons for file operations. The "Laboratory Data" window is open, showing a tabbed interface with "Pos/Neg Tests", "Urinalysis", "CBC", "Chemistry Profile", "Super Chemistry", and "Renal Profile". The "Pos/Neg Tests" tab is active, displaying a list of lab tests under the heading "POS/NEG LAB TESTS". The list includes: 0503 PCV/Total Solids, 0505 Microfilaria, 0506 Fecal Flotation, 0507 Ethylene Glycol, 0508 Parvo Antigen, 0512 FeLV/FIV, and 0513 Skin Scraping. Each test has a small icon to its right. On the left side of the main window, there is a sidebar with "Medical History" and "General History" sections. The bottom of the window shows a status bar with "Record: 1 of 1 (Filtered)" and buttons for "FLTR", "CAPS", and "NUM".

Laboratory test results are maintained by the system.



The report menu, showing a few of the many reports and analysis available from the system.



The following section contains sample reports from Vet-ER™.

[illegible]

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	<i>Your Company Name</i>	<i>Estimate of Fees</i>
	Your Address Your City, NY 11992 Phone: (631) 467-6162	7/25/02 10:48:15 AM

Case #	Client	Patient	Attending Vet.	General Problem
	0 Grimwald, Fred	Dina	Alan Arbib	Laceration-small

Code	Service/Item	Quantity Range		Est. Fee Range		
1091	ETR FEE	1	1	\$60.00	\$60.00	
11491	HOSPITALIZATION/OVERNIGHT	1	1	\$42.00	\$42.00	
9061	SEDATION	1	1	\$49.00	\$49.00	
13031	COLLAR-ELIZABETHAN	1	1	\$15.00	\$15.00	
18031	LACERATION REPAIR-SMALL	1	1	\$45.00	\$45.00	
18011	PHARMACEUTICALS	1	1	\$15.00	\$15.00	
4001	INJECTIONS	1	2	\$17.00	\$34.00	
4111	APPLY BANDAGE	1	1	\$17.00	\$17.00	
These are ESTIMATED fees. Additional fees for testing, care and treatment may be required.				Total	\$259.00	\$276.00
				Credit		
				Balance	\$259.00	\$276.00

AUTHORIZATION FOR MEDICAL AND / OR SURGICAL TREATMENT

I hereby authorize and direct the veterinarians and staff of the [your company name] to perform the above procedures and additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk in these procedures.

The examination and treatment your pet has received at the [your company name] has been on an emergency basis only and is not intended to be a substitute for complete medical care, which cannot be provided at our facility. I understand that in the event of any remaining problems I am to notify my own veterinarian or another veterinarian selected by me within a twenty-four hour period for follow-up care. I hereby understand the above statement.

I agree to pay in full for service rendered including those deemed necessary for medical or surgical complications or unforeseen circumstances. The above estimate of charges for presently planned procedures is only an approximation, and the final bill may be greater or less than this amount.

I have read the conditions of this hospital and acknowledge receipt of a copy of this form.

Case Estimate

*Your Company Name*Your Address
Your City, NY 11932-**A/R AGED TRIAL BALANCE REPORT***As of 8/29/02*

CLIENT	DATE	INVOICE #	TOTAL DUE	TOTAL PAID	CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS
Grimwald, Fred	7/25/02	3	\$442.50	\$342.50	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00
GRAND TOTALS =			\$442.50	\$342.50	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00
BALANCE =			\$100.00						

Aged Trial Balance*Your Company Name*Your Address
Your City, NY 11932-**Attending Veterinarians Sales***From 7/25/02 To 7/25/02**Attending Veterinarian: Alan Arble*

Invoice #	Client	Referring Hospital	Patient	Date
3	Grimwald, Fred	ANIMAL CARE OF SAMORIA	Dino	7/25/02

Total Cases: 1

Invoice #	Service/Item	Qty	Amount	Ext Amount	Date
3	APPLYBANDAGE	1	\$35.00	\$35.00	7/25/02
3	INJECTIONS	2	\$23.75	\$47.50	7/25/02
3	PHARMACEUTICALS	1	\$21.25	\$21.25	7/25/02
3	LACERATION REPAIR-LARGE	1	\$125.00	\$125.00	7/25/02
3	COLLAR-EUZABETHAN	1	\$18.75	\$18.75	7/25/02
3	SEDATION	1	\$65.00	\$65.00	7/25/02
3	HOSPITALIZATION/OVERNIGHT	1	\$55.00	\$55.00	7/25/02
3	ETR FEE	1	\$75.00	\$75.00	7/25/02

Total Amount: \$442.50**Attending Veterinarian Report (Detailed)****ISLAND BUSINESS GROUP, INC.**, 4250 Veterans Memorial Hwy, Holbrook, NY 11741Phone: (631)467-6162 Fax: (631)467-6106 EMAIL: info@islandbusinessgroup.com Web: www.islandbusinessgroup.com

*Your Company Name*

Your Address

Your City, NY 11932-

Attending Veterinarians Sales**From 7/25/02 To 7/25/02**

<i>Attending Veterinarian</i>	Cases	Gross Receipts	Average Visit	Percent of Total
<i>Alan Arble</i>	1	\$442.50	\$442.50	46.21%
<i>Debbie Donovan</i>	1	\$515.00	\$515.00	53.79%
Grand Total	2	\$957.50	\$478.75	

Attending Veterinarian Report (Summary)*Your Company Name*

Your Address

Your City, NY 11932-

Daily Sales Detail Report by Category**Day: Thursday, July 25, 2002****CATEGORY 900 ANESTHESIA**

<i>Description</i>	<i>Qty</i>	<i>Sale Amount</i>
SEDATION	1	\$65.00
Total for 'CATEGORY' = ANESTHESIA	1	\$65.00

CATEGORY 1600 DISPENSABLE DRUGS

<i>Description</i>	<i>Qty</i>	<i>Sale Amount</i>
PHARMACEUTICALS	1	\$21.25
Total for 'CATEGORY' = DISPENSABLE DRUGS	1	\$21.25

CATEGORY 1800 GENERAL SURGERY

<i>Description</i>	<i>Qty</i>	<i>Sale Amount</i>
LACERATION REPAIR-LARGE	1	\$125.00
Total for 'CATEGORY' = GENERAL SURGERY	1	\$125.00

CATEGORY 1100 HOSPITALIZATION

<i>Description</i>	<i>Qty</i>	<i>Sale Amount</i>
HOSPITALIZATION/OVERNIGHT	1	\$55.00
Total for 'CATEGORY' = HOSPITALIZATION	1	\$55.00

CATEGORY 400 IN OFFICE MEDICAL SERVICE

<i>Description</i>	<i>Qty</i>	<i>Sale Amount</i>
APPLY BANDAGE	1	\$35.00
INJECTIONS	2	\$47.50
APPLY BANDAGE	4	\$140.00
Total for 'CATEGORY' = IN OFFICE MEDICAL SERVICE	7	\$222.50

CATEGORY 1300 MISCELLANEOUS EXPENSE

<i>Description</i>	<i>Qty</i>	<i>Sale Amount</i>
--------------------	------------	--------------------

Detailed Sales By Category**ISLAND BUSINESS GROUP, INC., 4250 Veterans Memorial Hwy, Holbrook, NY 11741**Phone: (631)467-6162 Fax: (631)467-6106 EMAIL: info@islandbusinessgroup.com Web: www.islandbusinessgroup.com

*Your Company Name*

Your Address

Your City, NY 11932-

Daily Sales Summary Report by Category

Day: Thursday, July 25, 2002

<i>Category</i>	<i>Qty</i>	<i>Sale Amount</i>
900 ANESTHESIA	1	\$65.00
1600 DISPENSABLE DRUGS	1	\$21.25
1800 GENERAL SURGERY	1	\$125.00
1100 HOSPITALIZATION	1	\$55.00
400 IN OFFICE MEDICAL SERVICE	7	\$222.50
1300 MISCELLANEOUS EXPENSE	1	\$18.75
100 OFFICE VISITS	2	\$150.00
1200 PROFESSIONAL SERVICES	4	\$300.00

Total for Thursday, July 25, 2002

	18	\$957.50
Grandtotal	18	\$957.50

Sales Summary By Category*Your Company Name*

Your Address

Your City, NY 11932-

Register Transaction Report

Day: Thursday, July 25, 2002

INVOICE # 3

Grimwald, Fred

<i>Item</i>	<i>Description</i>	<i>Qty</i>	<i>Fee</i>	<i>Ext. Price</i>
18051	LACERATION REPAIR-LARGE	1	\$125.00	\$125.00
16011	PHARMACEUTICALS	1	\$21.25	\$21.25
13031	COLLAR-ELIZABETHAN	1	\$18.75	\$18.75
11491	HOSPITALIZATION/OVERNIGHT	1	\$55.00	\$55.00
9061	SEDATION	1	\$65.00	\$65.00
4111	APPLY BANDAGE	1	\$35.00	\$35.00
4031	INJECTIONS	2	\$23.75	\$47.50
1081	ETR FEE	1	\$75.00	\$75.00
			Total	\$442.50

Tended	
AMEX	\$100.00
CASH	\$342.50
Total	\$442.50
Balance:	\$0.00

Detailed Register Transaction

ISLAND BUSINESS GROUP, INC., 4250 Veterans Memorial Hwy, Holbrook, NY 11741

Phone: (631)467-6162 Fax: (631)467-6106 EMAIL: info@islandbusinessgroup.com Web: www.islandbusinessgroup.com



Your Company Name

Your Address

Your City, NY 11932-

Total Business Report**From 7/25/02 To 7/25/02**

<i>Date</i>	<i>Fee Amounts</i>	<i>Payment Amounts</i>
7/25/02	\$957.50	\$957.50
Grand Total	\$957.50	\$957.50

Total Business Summary

Your Company Name

Your Address

Your City, NY 11932-

Daily Payment Detail Report

Day: Thursday, July 25, 2002

PAYMENT TYPE AMEX

<i>INVOICE #</i>	<i>CLIENT</i>	<i>Amount</i>
3	Grimveld, Fred	\$100.00
		\$100.00

PAYMENT TYPE CASH

<i>INVOICE #</i>	<i>CLIENT</i>	<i>Amount</i>
3	Grimveld, Fred	\$342.50
		\$342.50

PAYMENT TYPE DISCOVER

<i>INVOICE #</i>	<i>CLIENT</i>	<i>Amount</i>
10	Smith, James	\$265.00
		\$265.00

PAYMENT TYPE MASTER CARD

<i>INVOICE #</i>	<i>CLIENT</i>	<i>Amount</i>
10	Smith, James	\$250.00
		\$250.00

Total for Thursday, July 25, 2002

\$957.50

Daily Payment Detail



Your Company Name

Your Address

Your City, NY 11932-

Daily Payment Summary Report

Day: Thursday, July 25, 2002

<i>PAYMENT TYPE</i>	<i>Amount</i>
AMEX	\$100.00
CASH	\$342.50
DISCOVER	\$265.00
MASTER CARD	\$250.00
Total for Thursday, July 25, 2002	\$957.50

Daily Payment Summary

Your Company Name

Your Address

Your City, NY 11932-

ZIP Code Analysis Report***From 7/25/02 To 7/25/02***

<i>ZIP</i>	<i>Town</i>	<i># of Cases</i>	<i>% of Total Cases</i>	<i>Total Sales</i>	<i>% of Total Sales</i>
11792-	WADING RIVER	1	50.00%	\$515.00	53.79%
11931-	AQUEBOGUE	1	50.00%	\$442.50	46.21%
Grand Total		2		\$957.50	

Zip Code Analysis



	<i>Your Company Name</i>	<i>RECEIPT</i>
	<i>Your Address</i> <i>Your City, NY 11932-</i> <i>Phone: (631) 467-6162</i>	7/25/02 1:44:33 PM

INVOICE #	3	Customer	Grimwald, Fred
Date	7/25/02	Staff Member	

Service/Item	Veterinarian	Qty	Unit Price	Ext-Price
ETR FEE	Alan Arble	1	\$75.00	\$75.00
INJECTIONS	Alan Arble	2	\$23.75	\$47.50
APPLY BANDAGE	Alan Arble	1	\$35.00	\$35.00
SEDATION	Alan Arble	1	\$85.00	\$85.00
HOSPITALIZATION/OVERNIGHT	Alan Arble	1	\$55.00	\$55.00
COLLAR-ELIZABETHAN	Alan Arble	1	\$18.75	\$18.75
PHARMACEUTICALS	Alan Arble	1	\$21.25	\$21.25
LACERATION REPAIR-LARGE	Alan Arble	1	\$125.00	\$125.00
Subtotal:				\$442.50

Payments:	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">Date</th><th style="text-align: left;">Payment type</th><th style="text-align: right;">Amount</th></tr></thead><tbody><tr><td>7/25/02</td><td>AMEX</td><td style="text-align: right;">\$100.00</td></tr><tr><td>7/25/02</td><td>CASH</td><td style="text-align: right;">\$342.50</td></tr><tr><td colspan="2" style="text-align: right;">Tended:</td><td style="text-align: right;">\$442.50</td></tr></tbody></table>	Date	Payment type	Amount	7/25/02	AMEX	\$100.00	7/25/02	CASH	\$342.50	Tended:		\$442.50	Balance Due:	\$0.00
Date	Payment type	Amount													
7/25/02	AMEX	\$100.00													
7/25/02	CASH	\$342.50													
Tended:		\$442.50													

SEDATION	instructions: Your pet has been given a sedative, as a result he/she may still be slightly under the effects of this medication at the time of discharge. Please do not allow your pet to eat or drink upon returning home for the next few hours. Observe your pet carefully and do not allow him/her access to stairs or chairs/beds where he/she may fall, until the sedative effects have worn off.
COLLAR-ELIZABETHAN	instructions: An "e-collar" has been dispensed for your pet to wear to prevent licking/scratching of the wound. This collar should be left on at all times. You may remove the collar for short periods, provided you monitor him/her closely to prevent any damage to the wound/incision.
LACERATION REPAIR-LARGE	instructions: Your pet may have a drain placed in the wound, to facilitate drainage of any serum or infection from the wound. Please do not allow your pet to lick or chew at the drain, until it is removed by your local veterinarian in approximately 3-5 days.
APPLY BANDAGE	instructions: Please do not allow the bandage to become wet. Use a plastic bag over the bandage if it is wet outside, and remove the bag once the pet returns inside. If the bandage should become wet or soiled, please contact your regular veterinarian for a recheck.

Client Receipt



		<i>Your Company Name</i> <i>Your Address</i> <i>Your City, NY 11932-</i> <i>Phone: (631) 467-6162</i>		<i>Medical Record</i> 7/25/02 1:47:16 PM	
<i>Client</i>		<i>Patient</i>	<i>Case #</i>	<i>General Problem</i>	<i>Date</i>
Smith, James		<i>Species</i>	10	ABSCCESS	07/25/02 11:09 am
11 Foot Street		<i>Breed</i>	<i>Referring Hospital</i>		
WADING RIVER, NY, 11792		<i>Sex</i>	ANIMAL HOSPITAL OF ANDOVER		
Home (631) 772-7232 Bus (631) 523-5231		<i>Age</i>	<i>Attending Veterinarian</i>		
		2 yrs. 0 mths.	Debbie Donovan		

General History:

General History goes here.

Objective:

Case Objectives are here

Assessment:

Case Assessment is here.

Plan:

Case plan goes here.

Discharge Summary:

Discharge summary is here

Surgical Report:

Surgical Report Is here

Patient Instructions:

patient instructions go here

Medical Record

**Your Company Name**

Your Address

Your City, NY 11932-

Service Category Report**From 7/25/02 To 7/25/02****CATEGORY ANESTHESIA**

Service	Times Performed	Gross Receipts	Average	Percent of Category Times Performed	Gross Receipts
SEDATION	1	\$65.00	\$65.00	100.00%	100.00%
Summary for 'CATEGORY' = ANESTHESIA				Percent of Total	
	1	\$65.00	\$65.00	5.56%	6.79%

CATEGORY DISPENSABLE DRUGS

Service	Times Performed	Gross Receipts	Average	Percent of Category Times Performed	Gross Receipts
PHARMACEUTICALS	1	\$21.25	\$21.25	100.00%	100.00%
Summary for 'CATEGORY' = DISPENSABLE DRUGS				Percent of Total	
	1	\$21.25	\$21.25	5.56%	2.22%

CATEGORY GENERAL SURGERY

Service	Times Performed	Gross Receipts	Average	Percent of Category Times Performed	Gross Receipts
LACERATION REPAIR-LARGE	1	\$125.00	\$125.00	100.00%	100.00%
Summary for 'CATEGORY' = GENERAL SURGERY				Percent of Total	
	1	\$125.00	\$125.00	5.56%	13.05%

CATEGORY HOSPITALIZATION

Service	Times Performed	Gross Receipts	Average	Percent of Category Times Performed	Gross Receipts
HOSPITALIZATION/OVERNIGHT	1	\$55.00	\$55.00	100.00%	100.00%
Summary for 'CATEGORY' = HOSPITALIZATION				Percent of Total	
	1	\$55.00	\$55.00	5.56%	5.74%

CATEGORY IN OFFICE MEDICAL SERVICE

Service	Times Performed	Gross Receipts	Average	Percent of Category Times Performed	Gross Receipts
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Service Category Report

**Your Company Name**

Your Address

Your City, NY 11932-

Referring Hospital Ranking by Quarter*Dates through 7/25/02*

	<i>Q4 99</i>	<i>Q1 00</i>	<i>Q2 00</i>	<i>Q3 00</i>	<i>Q4 00</i>	<i>Q1 01</i>	<i>Q2 01</i>	<i>Q3 01</i>	<i>Q4 01</i>	<i>Q1 02</i>	<i>Q2 02</i>	<i>Q3 02</i>
Hsp. #: ACS	Hospital Name: ANIMAL CARE OF SAMORIA											
Ranking:	1	1	1	1	1	1	1	1	1	1	1	1
# Cases:	0	0	0	0	0	0	0	0	0	0	0	1
Sales:												\$442.50
Average:												\$442.50
Hsp. #: AHA	Hospital Name: ANIMAL HOSPITAL OF ANDOVER											
Ranking:	1	1	1	1	1	1	1	1	1	1	1	1
# Cases:	0	0	0	0	0	0	0	0	0	0	0	1
Sales:												\$515.00
Average:												\$515.00

Referring Hospital Ranking By Quarter**Your Company Name**

Your Address

Your City, NY 11932-

Referring Hospital Ranking by Month*Dates through 7/25/02*

	<i>Aug 01</i>	<i>Sep 01</i>	<i>Oct 01</i>	<i>Nov 01</i>	<i>Dec 01</i>	<i>Jan 02</i>	<i>Feb 02</i>	<i>Mar 02</i>	<i>Apr 02</i>	<i>May 02</i>	<i>Jun 02</i>	<i>Jul 02</i>
Hsp. #: ACS	Hospital Name: ANIMAL CARE OF SAMORIA											
Ranking:	1	1	1	1	1	1	1	1	1	1	1	1
# Cases:	0	0	0	0	0	0	0	0	0	0	0	1
Sales:												\$442.50
Average:												
Hsp. #: AHA	Hospital Name: ANIMAL HOSPITAL OF ANDOVER											
Ranking:	1	1	1	1	1	1	1	1	1	1	1	1
# Cases:	0	0	0	0	0	0	0	0	0	0	0	1
Sales:												\$515.00
Average:												

Referring Hospital Ranking By Month

ISLAND BUSINESS GROUP, INC., 4250 Veterans Memorial Hwy, Holbrook, NY 11741

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Your Company Name

Your Address

Your City, NY 11932-

Referring Hospital Summary Report

From 7/25/02 To 7/25/02

% OF

CATEGORY	CASES	AMOUNT	AVERAGE	TOTAL
NON-CORPORATE MEMBER	2	\$957.50	\$478.75	100.00%

Grand Total

2	\$957.50	\$478.75
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Referring Hospital Summary



Your Company Name

Your Address

Your City, NY 11932-

Referring Hospital Detail Report**From 7/25/02 To 7/25/02**

CATEGORY NON-CORPORATE MEMBER

HOSPITAL	Referrals	Gross Receipts	Average Visit	Percent of Total
ANIMAL CARE OF SAMORIA	1	\$442.50	\$442.50	46.21%
ANIMAL HOSPITAL OF ANDOVER	1	\$515.00	\$515.00	53.79%
Summary for NON-CORPORATE MEMBER	2	\$957.50	\$478.75	100.00%
Grand Total	2	\$957.50	\$478.75	

Referring Hospital Detail