

14,570 O.D.

1-18-1939

For complete examination in the case of

[REDACTED] including physical examination,
neurologic examination, microscopic blood
examination - red count, whitecount, differen-
tial count, haemoglobin determination, count
of stippled erythrocytes - urinalysis, lead
analysis of urine and blood. (3) analyses. .

\$ 57 00

Reimbursement for cost of x-ray in accordance
with attached bill

35.00

\$ 92 00

KE 0016520