

FUHUA & SUE Y CHENG

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# Medical Expense Report

ITEM : \_\_\_\_\_  
AMOUNT: \_\_\_\_\_

DATE : \_\_/\_\_/2006  
COST: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE PROVIDED: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

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PREVIOUS TOTAL: \_\_\_\_\_

CURRENT TOTAL : \_\_\_\_\_