GYN PAT	THOLOGY RECONT DR. • SAN ANTONIO, TOLL FREE (866) 231-8058 • FIRST	QUISITION  X 78229	COLLECTION	TO:	ACCOUN	IT NAME AND	ADDRESS
PATIENT  ATIENT ADDRESS (OR INSURED/RESPONSIBLE F	TSS#	PATIENT IDMR #	DATE OF BIRTH / / / ISURED SS #	SEX F M			
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