



Invoice- Medical Records

Recovery Technology
1200 N. West Avenue
Suite 400
Jackson, MI 49202

Date: _____

Phone 1.517.780.3336 Fax 1.517.796.4561

ID # 260840065

BILL TO:

RE: _____

QUANTITY	DECRPTION		TOTAL
		TOTAL	

Balance due upon receipt. Please make your check payable to: Recovery Technology, LLC
Thank You