



# AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES

1A. DATE OF ISSUE	1B. ISSUING OFFICE	1C. DATE OF ISSUE (Month, day, year)
2. NAME OF PHYSICIAN OR FACILITY	1D. VETERAN'S NAME (First, middle initial, last)	
	3. VETERAN'S CLAIM NUMBER	4. SOCIAL SECURITY NUMBER
	C-	
5. AUTHORIZATION VALID		
FROM		TO

## 7.FEE

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ESTIMATED AMOUNT

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	LOCK
	VOUCHER AUDITOR

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DATE/INITIALS	
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