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XXXXXX TELEVISION NETWORK

Street, NE Washington, DC 20000

TV RENTAL INVOICE

DATE:	TIME: (Military Time)	ROOM & BED #:	ATTENDANT:
PATIENT NAME:			
PATIENT HOME ADDRESS: (Street) (City) (State) (Zip)			

DESCRIPTION OF CHARGES	AMT OWED	AMT PAID
____ DAYS ADVANCED TV RENTAL @ 5.00 PER DAY		
____ DAYS PUSH BUTTON RENTAL @ 5.00 PER DAY		
ADDITIONAL CHARGES:		
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY		
TO START SERVICE, PRESS THE RENTAL BUTTON LOCATION ON THE BOTTOM OF THE SET AND RELEASE. PRESS A SECOND TIME AND HOLD FOR 5-10 SECONDS. YOUR TELEVISION SHOULD NOW BE ABLE TO RECEIVE REGULAR PROGRAMMING.	SUBTOTAL	
	TOTAL	

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