

Patient Serial No. ....

Bennington, Vt., *Sept.* 193*9*

N<sup>o</sup> 44705

M<sup>rs.</sup> *Daisy Ellwell*

To HENRY W. PUTNAM MEMORIAL HOSPITAL, Dr.

Private Room }  
Semi-Private Room }  
Ward ✓ } @ *3<sup>50</sup>* per week day From *Sept. 12* to *Sept. 14* \$ *7<sup>50</sup>*

Special Nurse @ ..... per week day From ..... to ..... \$ .....

Special Nurse's Board @ *1<sup>20</sup>* per week day From *Sept. 12* to *Sept. 14* \$ *21<sup>20</sup>*

Operating Fee ..... \$ .....

Anaesthetic Fee ..... \$ .....

Drugs ..... \$ *25<sup>00</sup>*

Special Dressings ..... \$ .....

X-Ray Examinations ..... \$ *10<sup>00</sup>*

X-Ray Treatments ..... \$ .....

Laboratory Fees ..... \$ *2<sup>50</sup>*

Balance brought forward, Bill No. .... \$ .....

Total ..... \$ *21<sup>25</sup>*

**BILLS PAYABLE WEEKLY IN ADVANCE**  
*9/14/39*  
*Paid*