

STATE OF TEXAS, DEPARTMENT OF HEALTH

THE HOSPITAL

Name of Hospital: _____
 Address: _____
 City: _____ State: _____
 Date: _____

Description of Service	1954		1955		1956		Total
	No.	Rate	No.	Rate	No.	Rate	
1. PREOPERATIVE EXAMINATION	45	10	55	12	60	15	160
2. OPERATIONS & PROCEDURES	100	15	120	18	130	20	358
3. POSTOPERATIVE CARE	100	10	120	12	130	15	357
4. MEDICAL CONSULTATION SERVICE	100	5	120	6	130	8	357
5. LABORATORY SERVICE	100	5	120	6	130	8	357
6. RADIOLOGICAL SERVICE - GENERAL	100	10	120	12	130	15	357
7. RADIOLOGICAL SERVICE - SPECIAL	100	15	120	18	130	20	357
8. RADIOLOGICAL SERVICE - FLUOROSCOPY	100	10	120	12	130	15	357
9. RADIOLOGICAL SERVICE - THERAPEUTIC	100	15	120	18	130	20	357
10. RADIOLOGICAL SERVICE - OTHER	100	10	120	12	130	15	357
TOTAL	1000	100	1200	120	1300	150	3570
AMOUNT OF TAX	100 - 100	100	1200 - 120	120	1300 - 150	150	3570
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07 AUG 1956

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