



South Florida Veterans Affairs  
Foundation for Research and Education, Inc.  
[www.sfvafre.org](http://www.sfvafre.org)

1201 NW 16 STREET MIAMI, FL 33125 PHONE (305) 575-7000 X 4495 FAX: (305) 575-3126

DATE: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

RE: Patient Payment

Please process payment of \$\_\_\_\_\_ for \_\_\_\_\_

for his/her participation in study titled: \_\_\_\_\_

with Protocol number: \_\_\_\_\_ on: \_\_\_\_\_

Please mail the check to: \_\_\_\_\_

Payment Description:

Study visit compensation \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

For more information, please contact me at \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR

ATTACHED: CPRS PRINT OUT FROM VISIT.