

Facility's  
Logo

## Serene Derm Clinic

**P.O Box 5020 UDSM**

**Tanzania**

Patient Name : JOHN F CENE

MRN : 120731-5/2022/00015

**Item(s)**

Consultation fee - General OPD

**Total Amount**

**Amount**

10000

**10000**

Printed By:

Signature : .....

Printed on: 10/11/2022 20:3