



AGASTHIAR SIDDHA MEDICAL CENTRE

No.3290, Jalan Selasih, A/1, Taman Selasih
09000, Kulim Kedah
Tel: 0164080745

No. 8878

TIME SLIP

This is to certify that Mr./Mrs./Miss _____

R/N or NRIC _____ address _____

Has received treatment from this clinic on _____

from _____ a.m/p.m till _____ a.m/p.m

Date

Physician's Name & chop



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