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Canto	nment G	eneral Hospi	lta
		_	
		Date:	
OICAL IN	VOICE (Pat	tient Copy)	
	NID T	ype:	
	NID N	Number:	
	Appoi	ntment date:	
Fee	Discount	Payable amount	
	OICAL IN	DICAL INVOICE (Patential NID Table) Appoi	NID Type: NID Number: Appointment date:

			Tax:	\$100
Note	:		TOTAL	\$80
			PAID:	\$80

THANK YOU

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Maynamati C	Cantor	ıment Gen	eral Hosp
Tipra Bazar,			
Maynamati Cantonment, Cumilla			
Bangladesh			Date:
MEDIO	CAL IN	VOICE (Office	Copy)
Patient Details			
Patient ID:			
Name:		NID Type:	
Gender		NID Number	:
Phone:		Appointment	date:
# Doctor name	Fee	Discount	Payable amount

			Tax:	\$100
Note	:		TOTAL	\$80
			PAID:	\$80

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