



**United Hospital**  
**Jatrabari, Dhaka**  
**a-1236**  
**Tel: 02-232424**

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**Patient Name** : ed  
**Birthdate** : 01\_01\_2022  
**Number** : fdf

Invoice	
Bill Type	Amount
Appointment Bill -	--
Booking Bill -	--
Total Bill:	

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Patients Sign

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Manager's Sign