

HOSPITAL MANAGEMENT SYSTEM(HMS)
Appointment Receipt

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|-----------------------|----------------------|
| Appointment ID: | AP1000 |
| Firstname: | Rosemary |
| Lastname: | Ursula |
| Age: | 30 |
| Guardian Name: | Miranda Miriam |
| Gender: | Female |
| Appointment Time: | 10:00 |
| Address: | 12th Waterway Estate |
| Email: | rose@email.com |
| Phone Number: | 0789223344 |
| Appointment Date: | 2020-04-24 |
| Service: | Antenatal Care |
| Department: | Maternity |
| Doctor: | Dr Peter Wafula |
| Appointment Fee: | 500 |
| Paid For Appointment: | Yes |

Kindly Keep This Receipt Safely
Produce It When You Are Asked

WE WISH YOU A QUICK RECOVERY