

ម៉េង - រ៉ូត្និន ឯកទេសភ្នែក
MENG-RUTNIN EYE SPECIALIST
Receipt

Invoice No:00049330

Invoice Date: 18-01-2018

Patient No: 2017032960

Issue By: ADMIN

Received From Mr. Mrs. ជិន ស្រីលាភ (.....) Sex: F Age 24 years old

For eye check and treatment

| No | Description | Price | QTY | Sub Total |
|--------------|----------------------------------|---------|-----|-----------|
| 1 | Consultation Fee | 10.00\$ | 1 | 10.00\$ |
| 2 | Surgery On Chalazion excision 30 | 30.00\$ | 1 | 30.00\$ |
| 3 | Tobrex | 3.00\$ | 1 | 3.00\$ |
| 4 | Doxacil | 0.10\$ | 10 | 1.00\$ |
| 5 | Cafenol | 0.10\$ | 10 | 1.00\$ |
| Total: | | | | 45.00\$ |
| Discount: | | | | 0.00\$ |
| Diposit: | | | | 0.00\$ |
| End Balance: | | | | 45.00\$ |

Phnom Penh, Thursday, 18 January, 2018

Receiver Signature