

PREScription CENTER

REFERER STATEMENT (DETAILS)

FROM : 12-SEP-01 TO : 12-SEP-15

SEP-12-15 03:28 PM

Referer Name : DR MD NUR HOSSAIN BHUIYAN (SHAHEEN)

SL	Patient Name	ID	Test Particulars	RF (%)	Test Amount	RF Payable	Gross RF Payable	Discount				Net RF Payable
								Referer	Hospital	DueRcv	Total	
1	ABCD	160815-001	SGOT/AST	40	205	82	264	0	0	0	0	264
			24 HRS URINERY AMYLASE	40	455	182						
			NIDDLE	0	10	0						
			RED TUBE	0	15	0						
						685	264					
Total:					685	264	264	0	0	0	0	264