

PREScription CENTER

PERIODIC STATEMENT - REFERER

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

SEP-12-15 03:28 PM

Referer Name : DR MD NUR HOSSAIN BHUIYAN (SHAHEEN)					
Reg.No	Patient Name	Mobile No	Net Amount	Paid Amount	Due Amount
131114-001	1		5,195.00	3,000.00	2,195.00
160815-001	ABCD		0.00	0.00	0.00
Referer Wise Total :			5,195.00	3,000.00	2,195.00
Outdoor Total :			5,195.00	3,000.00	2,195.00

Accounts Officer

Managing Director