

PREScription CENTER

REFERER STATEMENT

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

SEP-12-15 03:27 PM

Referer Name : DR MD NUR HOSSAIN BHUIYAN (SHAHEEN)

SL	Patient Name	ID	Amount	Gross RF Payable	Discount				Net RF Payable
					Referer	Hospital	Due Collect	Total	
1	ABCD	160815-001	685	264	0	0	0	0	264
Total :			685	264	0	0	0	0	264

Receiver's Signature