

## **Smart Institute of Rehablitation Medicine**





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		Receipt	#0001		Receipt	#0001
MR No:		Name:	Age:	MR NO	:Age:	
Category: R						
Ser.	Service Category		Amount	Ser.	Service Category	Amount
1	Consultation			1	Consultation	
2	Electro Diagnosis			2	Electro Diagnosis	
3	Pain Procedures			3	Pain Procedures	
4	Phsiotherapy			4	Phsiotherapy	
	ОТ			5	от	
6	SLP			6	SLP	
7	Psychology			7	Psychology	
8	Nutrition			8	Nutrition	
9	P&O			9	P&O	
10	LAB			10	LAB	
	12.12	Total Amount			Total Amount	
		Discount			Discount	
		Net Amount			Net Amount	
		Amount Received			Amount Received	