--------------------------------**FORM REQUEST COPY LEGALISIR INVOICE AR**

----------NOMOR EPISODE---------------------------------- : ${episode}

----------NAMA PENJAMIN----------------------------------: ${penjamin}

----------NOMOR HANDPHONE----------------------------: ${handphone}

----------NAMA PASIEN--------------------------------------: ${nama\_pasien}

----------BIAYA LEGALISIR --------------------------------: ${total\_price}

----------JUMLAH SET ------------------------------------- : ${total\_set}

----------TANGGAL BEROBAT- ----------------------------: ${tanggal\_berobat}

--MENGETAHUI/MENYETUJUI-----------------------------------------------------------SURABAYA, . . . . . . . . . .

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--**Maya Fransisca** --------------------------------------------------------------------------- . . . . . . . . . . . . . . . . . . . .

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---------------------------**FORM BUKTI REQUEST COPY LEGALISIR INVOICE AR**

----------NOMOR EPISODE-----------------------------------: ${episode}

----------NAMA PENJAMIN-----------------------------------: ${penjamin}

----------NOMOR HANDPHONE-----------------------------: ${handphone}

MENGETAHUI/MENYETUJUI-----------------------------------------------------------SURABAYA, . . . . . . . . . .

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--**Maya Fransisca** -------------------------------------------------------------------------- . . . . . . . . . . . . . . . . . . . .