**MIGORI LEVEL IV**  
HOSPITAL

**Payment Receipt**

Receipt No.……………………………

Date…………………………….………

Personal Details

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | **Email** |  |
|  | **Phone Number** |  |

Payment Details

|  |  |  |
| --- | --- | --- |
|  | Amount. |  |
|  | **Reference No.** |  |
|  | **Transaction No.** |  |
|  | **Payment Phone** |  |
|  | **Payment Date** |  |

Appointment Details

|  |  |  |
| --- | --- | --- |
|  | Doctor Name |  |
|  | **Email** |  |
|  | **Phone Number** |  |
|  | **Specialization** |  |
|  | **Appointment Date** |  |
|  | **Appointment Time** |  |

*This is a computer-generated receipt and does not require a signature*

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