

## INVOICE



Registration No / MR : OPA2304290023 / 10-01-96-51  
Name : SARAH UMMU LATHIFAH  
Address : MAWAR RAYA NO 2 LEMBAH HIJAU LIPPO CIKARANG  
Patient Type : PRIVATE  
Primary Doctor : drg. Christiana Dewi Anggraini, SpKG

Invoice No : OIV2304290026  
Invoice Date : 29-Apr-2023 09:00  
Registration Date : 29-Apr-2023 07:54

No	Name	Description	Qty	UOM	Amount	Disc.	Patient
1	CONSULTATION AND VISIT						
1	CONSULTATION SPECIALIST DENTIST_S	drg. Christiana Dewi Anggraini, SpKG	1		150.000	0	150.000
2	PROCEDURE AND THERAPY						
2	S-SCALING C	drg. Christiana Dewi Anggraini, SpKG	1		476.000	0	476.000
3	CONSUMABLES AND MEDICAL SUPPLIES						
3	GLOVE NON STERILE POWDER FREE NITRILE S OPD DENTAL ONEMED		4	PCS	7.020	0	7.020
4	OTHER SERVICE AND CHARGE						
4	Dental Consumables Fee	drg. Christiana Dewi Anggraini, SpKG	1		75.000	0	75.000

SUB TOTAL : 708.020 0 708.020

ADMIN CHARGE : 45.000

ROUNDING : -20

TOTAL : 753.000

PAYMENT : 753.000

BALANCE : 0



IN WORDS PATIENT : Tujuh ratus lima puluh tiga ribu rupiah

### PATIENT RECEIPT / KUITANSI :

Type	Date	Payment Mode	Account No	Account Name	Description	Cashier	Patient
Payment	29/04/23	Debit Card	XXXXXXXXXXXX9608	SARAH UMMU LATHIFAH	CIMB NIAGA, Ref No: 00	kristiana Wijayanti	753.000
TOTAL :							753.000

CASHIER



Suara Anda sangat berarti. Bantu kami mewujudkan pelayanan yang berorientasi pada pasien. Scan barcode berikut!