



BUGANDO MEDICAL CENTRE



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OUT-PATIENT CASH RECEIPT

Receipt Number : 52400
Receipt Date : 28 May 2018 09:35:30
Claim Form Number : null
Membership No :
Patient Name : HAPPYGOD URARU LYATUU
Consulting Doctor :
Patient Number : 16738
Transaction Mode: manual
Authorization #:
Terminal Id:

Location : Revenue Center
Patient Age : 23 Years, 5 Months, 23 Days
Sponsor Name : CASH-PATIENT GRADE III
Session Supervisor :
Gender : Male
Folio Number : 0
Sub Department : Pharmacy H2 - Dispensing

MEDICINE AND CONSUMABLES

No	Particular	Quantity	Amount
1	Adrenaline Inj 1mg in 1mL	2	40
Sub Total			40

GRAND TOTAL : 40

Employee Signature _____

Prepared By : BMC SYSTEM ADMINISTRATOR

Patient Signature _____