



# BUGANDO MEDICAL CENTRE



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## OUT-PATIENT CASH RECEIPT

Receipt Number : 3244281 Location : Revenue Center  
 Receipt Date : 03 February 2021 10:59:18 Patient Age : 51 Years, 0 Months, 0 Days  
 Claim Form Number : Sponsor Name : CASH-PATIENT GRADE III  
 Membership No : Session Supervisor : BUGANDO ADMIN  
 Patient Name : FAIDA PHILIP MTOBAGODI Gender : Male  
 Consulting Doctor : Folio Number : 0  
 Patient Number : 197373 Sub Department : Main Laboratory  
 Transaction Mode: Mobile Online  
 Authorization #:7710074761210203  
 Terminal Id:

LABORATORY			
No	Particular	Quantity	Amount
1	Stool Analysis	1	3,000
2	Occults Blood	1	5,000
3	FBP: (HB, PCV, RBC Count, MCV, MCH, MCHC, WBC,)	1	10,000
Sub Total			18,000

**GRAND TOTAL : 18,000**

**Employee Signature** \_\_\_\_\_

Prepared By : BHOKE MASILE

**Patient Signature** \_\_\_\_\_