



BUGANDO MEDICAL CENTRE



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OUT-PATIENT CASH RECEIPT

Receipt Number : 52344
Receipt Date : 30 April 2018 16:13:17
Claim Form Number :
Membership No :
Patient Name : ANDREA JAMES KIMARIO
Consulting Doctor :
Patient Number : 15720

Location : Revenue Center
Patient Age : 50 Years, 4 Months, 29 Days
Sponsor Name : CASH-PATIENT GRADE III
Session Supervisor : BUGANDO ADMIN
Gender : Male
Folio Number : 7
Sub Department : Main Laboratory

Transaction Mode: waiting_ack

Authorization #:5656

Terminal Id:

DIAGNOSTIC EXAMINATIONS			
No	Particular	Quantity	Amount
1	Occults Blood	1	400
2	Occults Blood	1	600
Sub Total			1,000

GRAND TOTAL : 1,000

Employee Signature _____

Prepared By : **BMC SYSTEM ADMINISTRATOR**

Patient Signature _____