

# Medical Report

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REPORT No. 2024-08-04-1

DATE: 04th Aug 2024

## PATIENT

NAME: Tudeeka Kasujja  
CONTACT: 4379803253  
ADDRESS: -

TEMPERATURE: -  
WEIGHT: -  
BMI: -

## MEDICAL SERVICES OFFERED

## INVOICE

SN.	SERVICE	DESCRIPTION	AMOUNT
		SUBTOTAL	UGX 0.00
		TOTAL	UGX 0.00

**PAYMENTS:**  
Total Paid: UGX 0, Total Due: UGX 0.

Thank you.