

Patient Refund Voucher

solutiondots Tel: 3123131

Email: solu@gmail.com

Transaction ID PREF10000

Patient Name END FN END LN

Payment Method Cash

Date 12-Dec-2018

Sr#	Date	Patient No.	Refund Type	Paid Amount
1	11-Dec-2018	PAT10019	Advance	200.0
			Total Payment:	200.0