

## Tax Receipt

### PRESCRIPTION DETAIL

**Billing To :** NOR IDAYU BINTI HAMID

**Address :**

**Receipt No :** 194680

**Receipt Date :** Sat Mar 04 2023

### Patient Info

**Patient Name :** NOR IDAYU BINTI HAMID

**Registration No :** MRN0013946

**Patient IC NO :** 871108026178

**HP Number :** 0179050591

**Consultant :** DR KHAIRUNNISA BINTI SALEH

**Diagnosis :** GERD

**Remark :**

**Charge Indicator :**

### Company Info

**Company :**

**Modify By :**

NO	Service Description	Item Code	Quantity	Unit Price	Remark	SubAmt	Amount
1	Imaging						55.00
2	Consultation						35.00

### GST Summary

Amount(RM)

Tax(RM)

Item Count

2

Total Sales (Excluding GST)

0.00

GST Payable

0.00

Total Sales (Inclusive of GST)

0.00

Round Amount

90.00

**Receipt Amount**

90.00

**Payable Amount**

90.00

**Total Payment**

90.00

**Balance**

0.00

Receipt No / Payment Mode / Amount / Reference #

194680 / Credit / RM90.00 /



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