



FAITH MEDIPLEX HOSPITAL

An Outreach of Church of God Mission Int. Inc.
1, Giwa-Amu/Airport Road, Benin City.

OFFICIAL RECEIPT

No: 004824

Patient: _____

Date: _____

S/N	Description	Amount	
		₦	K
1	Bed Charges		
2	Professional Services		
3	Medicines		
4	Medical Supplies		
5	Procedures		
6	Laboratory Services		
7	Other		
AMOUNT IN WORDS: _____		TOTAL AMOUNT	

CASHIER'S NAME: _____

SIGN: _____