

RECEIPT

Example Medical Clinic
Ph: 555-123-4567

Patient: *(illegible) John D.*
Date: 26/01/26
Receipt# R-77A

Svc	Description	Qty	Price	Total
CONS	Consult	1	100	100
LAB	Blood work	1	80	80

Paid cash ✓
No refund
Follow-up next week