**Consultation Receipt**

**Consulted on**

Patient Name :

Patient User ID :

|  |  |
| --- | --- |
| **Consult Fare** | **Rp** |
| **Drug purchase price** | **Rp** |
| **Total Fare** | **Rp** |

**Consultation Summary**

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| --- | --- | --- | --- |
| **Drug Name** | **Price** | **Qty** | **Total** |
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Doctor Name :

Consult Time :

Company Name :

Consult ID :

Claim ID :

ICDX :