



MENDIKLINIK KAMPAR

Patient Name:LEE KAI MUN

Contact No :0103761435

Identity No :000701081002

0137601108

2226, Jalan Batu Karang, Taman Bandar Baru, Bandar Baru, 31900 Kampar, Perak

CLINIC RECEIPT

Description	Amount
VITAMIN C Quantity(2) Remark: take 3 times each time 3 sachet before meal	22
General Consultation and Treament Quantity(1)	80
Total Amount:	RM102
Cash Received:	RM110
Change:	RM8
TOTAL:	RM102

Date : 2022-12-10

Thank you, have a good day.

SIGNATURE: ZHENG PHIN