



MEDICAL RECEIPT

Date: 19/1/2024		
		To: PATIENT NAME: MRS HISLAIRE BALINDA HOSPITAL NUMBER: ASK-MDC/00524
Mode of payment		
Cash		
Cheque		
Bank transfer	✓	
POS		

Amount In Words:

THREE MILLION, NINE HUNDRED AND FIVE
THOUSAND, TWO HUNDRED AND SIXTY
NAIRA ONLY.

₦3,905,260.

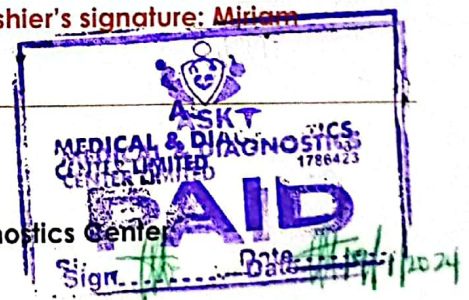
Being Payment For:

For Registration, Consultations, Admissions,
Treatments, Feeding and Medication.

Customer's signature:

Cashier's signature: Miriam

Thank you for choosing Ask Medical & Diagnostics Center





MEDICAL RECEIPT

Date: 19/1/2024		To: PATIENT NAME: MISS ZAINAB ABDULAZIZ										
<table border="1"><tr><td>Mode of payment</td><td></td></tr><tr><td>Cash</td><td></td></tr><tr><td>Cheque</td><td></td></tr><tr><td>Bank transfer</td><td>✓</td></tr><tr><td>POS</td><td></td></tr></table>		Mode of payment		Cash		Cheque		Bank transfer	✓	POS		
Mode of payment												
Cash												
Cheque												
Bank transfer	✓											
POS												

Amount In Words:

SIX HUNDRED AND SEVENTY-SIX
THOUSAND, TWO HUNDRED AND FIFTY
NAIRA ONLY.

₦676,250

Being Payment For:

For Registration, Consultations, Feeding and
Medication.

Customer's signature:

Cashier's signature: Miriam

Thank you for choosing Ask Medical & Diagnostics Center

