ASK
MEDICAL & DIAGNOSTICS
1786423

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

ASK MEDICAL & DIAGNOSTICS CENTER LIMITED 1786423 PAID

Sign. Date 19/1/2024

Thank you for choosing Ask Medical & Diagnostics Center

ASK
MEDICAL & DIAGNOSTICS
1786423

MEDICAL RECEIPT

Date: 19/1/2024		
	To:	PATIENT NAME: MISS ZAINAB ABDULAZIZ

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

ASK
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CENTER LIMITED
1786423
PAID

Thank you for choosing Ask Medical & Diagnostics Center

Sign..... Date: 19/1/2024

CamScanner