GENERAL TREATMENT INVOICE

Date: 28/12/2023

PATIENT NAME: ZAINAB ABDULAZIZ

S/N	Date	Description	Unit Price(₦)	Line Total (₦)
1.	22/12/2023	REGISTRATION & GOPD CONSULTATION	60,000	60,000
2.	23/12/2023	**LABORATORY:** URINE MCS/STOOL MCS/RBS/RFT/LFT/FBC/MP/FLP/ WIDAL/VDRL/HBSAG/HCV/HIV	104,950	104,950
3.	23/12/2023	NURSING CARE/OBSERVATION/ADMISSIO N DAY 1	100,000	100,000
4.	23/12/2023	PHARMACY BILL	76,150	76,150
5.	23/12/2023	ASK RESTAURANT: FEEDING	55,150	55,150
6.	24/12/2024	NURSING CARE/OBSERVATION/ADMISSIO N DAY 2	100,000	100,000
7.	28/12/2023	IN-HOUSE DENTAL CONSULTATION (PRINCETON)	50,000	50,000
8.	28/12/2023	EXTRACTION X4 (PRINCETON)	20,000	80,000
9.	28/12/2023	LOCAL ANESTHESIA (PRINCETON)	20,000	20,000
10.	28/12/2023	SCALING & POLISHING	30,000	30,000
Amount in words: **SIX HUNDRED AND SEVENTY-SIX THOUSAND, TWO HUNDRED AND FIFTY NAIRA ONLY.**			**TOTAL BILL**	**₦676,250**

PAYMENT DETAILS ARE AS FOLLOWS:
BANK NAME: GUARANTY TRUST BANK

ACCOUNT NUMBER: 0676037598
KINDLY SHARE THE TRANSACTION RECEIPT TO THE WHATSAPP NUMBER BELOW

Thank you for choosing Ask Medicals!

CONTACT DETAILS
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