



**KLINIK PAKAR KANAK-KANAK TING SDN BHD**  
(1123204-U)

No. 4, Jalan Kenari 1, Puchong Jaya, 47170 Selangor.  
Tel: 03-5882 0288 Fax: 03-5882 0241

**RESIT RESMI**

No. **29298**

8-6-2021

Diterima daripada..... *Aabid Royyan Bin Harith Razwan* Tarikh:.....  
sebanyak Ringgit..... *Fifty- Five only*  
Untuk bayaran..... *Nubulose treatment*

KLINIK PAKAR KANAK-KANAK TING SDN BHD  
(1123204-U)

No. 4 Jalan Kenari 1,  
Puchong Jaya, 47170 Selangor.  
Tel: 03-5882 0288 Fax: 03-5882 0241

KLINIK PAKAR KANAK-KANAK TING SDN BHD

RM 557

Tunai / No. Cek

COLUMBIA ASIA HOSPITAL PUCHONG  
(Wholly Owned by Columbia Asia Sdn Bhd.)  
NO.1 LEBUH PUTERI  
BANDAR PUTERI

47100, PUCHONG, SELANGOR, MALAYSIA  
Tel No: 603-80648688 Fax No: 603-80648605

## OFFICIAL RECEIPT

PAYER NAME : AABID RAYYAN BIN HARITH RIDHZWAN  
PAYER ADDRESS : NO 26 JALAN IMPIAN GEMILANG 1/7, SAUJANA IMPIAN, , , KAJANG, 43000, SELANGOR, MALAYSIA  
DEBTOR : AABID RAYYAN BIN HARITH RIDHZWAN  
DEBTOR CODE : PUCH-0000261992  
IC No. : 190421-10-1265  
RECEIPT NO : RPT-1012716  
DATE / TIME : 07/06/2021 10:31:07PM  
CASHIER NAME : NURSHAHIRA BINTI ABDULLAH  
VISIT NO. : 0000000001-PUCH

BEING AMOUNT RECEIVED FOR BELOW CHARGES IN Cash RM: **216.20**  
[RINGGIT MALAYSIA: TWO HUNDRED SIXTEEN AND SEN TWENTY ONLY]

BANK TRANSFER / CREDIT CARD NO. / CHEQUE NO./ PG No. : AND CARD TYPE :

REMARKS :

DOCUMENT NO	MRN	DOCUMENT DATE	PATIENT NAME	AMOUNT (RM)
OTCP-81604	PUCH-0000261992	07/06/2021	AABID RAYYAN BIN HARITH RIDHZWAN	216.20
<b>BILLED AMOUNT (RM) :</b>				216.20
DEPOSIT (RM) :				0.00
<b>AMOUNT PAYABLE (RM) :</b>				<b>216.20</b>
<b>AMOUNT TENDERED (RM) :</b>				220.20
<b>CHANGE (RM) :</b>				4.00
<b>BALANCE AMOUNT PAYABLE (RM) :</b>				<b>0.00</b>

\*\*THIS IS A COMPUTER-GENERATED RECEIPT. NO SIGNATURE IS REQUIRED\*\*

COLUMBIA ASIA HOSPITAL PUCHONG  
(Wholly Owned by Columbia Asia Sdn Bhd.)  
NO.1 LEBUH PUTERI  
BANDAR PUTERI

47100, PUCHONG, SELANGOR, MALAYSIA  
Tel No: 603-80648688 Fax No: 603-80648605

## OFFICIAL RECEIPT

PAYER NAME : AABID RAYYAN BIN HARITH RIDHZWAN  
PAYER ADDRESS : NO 26 JALAN IMPIAN GEMILANG 1/7, SAUJANA IMPIAN, , , KAJANG, 43000, SELANGOR, MALAYSIA  
DEBTOR : AABID RAYYAN BIN HARITH RIDHZWAN  
DEBTOR CODE : PUCH-0000261992  
IC No. : 190421-10-1265  
**RECEIPT NO : RPT-1012563**  
DATE / TIME : 06/06/2021 1:32:05PM  
CASHIER NAME : NURSHAHIRA BINTI ABDULLAH  
VISIT NO. : V0000000001-PUCH

BEING AMOUNT RECEIVED FOR BELOW CHARGES IN Cash RM: **0.00**  
[RINGGIT MALAYSIA: ZERO AND SEN ZERO ONLY]

BANK TRANSFER / CREDIT CARD NO. / CHEQUE NO./ PG No. : AND CARD TYPE :

REMARKS :

DOCUMENT NO	MRN	DOCUMENT DATE	PATIENT NAME	AMOUNT (RM)
OPP-642267	PUCH-0000261992	06/06/2021	AABID RAYYAN BIN HARITH RIDHZWAN	400.20
			<b>BILLED AMOUNT (RM) :</b>	400.20
RPT-1012546		06/06/2021	DEPOSIT (RM) :	(400.20)
			<b>AMOUNT PAYABLE (RM) :</b>	<b>0.00</b>
			<b>AMOUNT TENDERED (RM) :</b>	0.00
			<b>CHANGE (RM) :</b>	0.00
			<b>BALANCE AMOUNT PAYABLE (RM) :</b>	<b>0.00</b>

\*\*THIS IS A COMPUTER-GENERATED RECEIPT. NO SIGNATURE IS REQUIRED\*\*



# KLINIK PAKAR KANAK-KANAK TING SDN BHD

(1123204-U)

No. 4, Jalan Kenari 1, Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

## RESIT RESMI

No. **29289**

6/6/21

Tarikh: .....

Diterima daripada.....

*Abdul Rayyan Bin Harith Ridhwan*

sebanyak Ringgit.....

*One Hundred fifty only*

Untuk bayaran.....

*Medica fee*

KLINIK PAKAR KANAK-KANAK TING SDN BHD

(1123204-U)

No. 4 Jalan Kenari 1,  
Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

**RM**

*150*

Tunai / No. Cek

KLINIK PAKAR KANAK-KANAK TING SDN BHD



# KLINIK PAKAR KANAK-KANAK TING SDN BHD

(1123204-U)

No. 4, Jalan Kenari 1, Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

## RESIT RESMI

No. **29295**

6-6-2021

Tarikh:.....

Diterima daripada.....

*Aabid Rayyan bin Harith Ridhwan*

sebanyak Ringgit.....

*fifty-five only*

Untuk bayaran.....

*Nebuliser treatment*

KLINIK PAKAR KANAK-KANAK TING SDN BHD  
(1123204-U)

No. 4 Jalan Kenari 1,  
Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

RM

55  
Tunai / No. Cek

KLINIK PAKAR KANAK-KANAK TING SDN BHD



**KLINIK PAKAR KANAK-KANAK TING SDN BHD**

(1123204-U)

No. 4, Jalan Kenari 1, Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

**RESIT RESMI**

No. **29296**

7-6-2021

Diterima daripada..... *Abid Rayyan Bin Harith Ridhwan* Tarikh:.....  
sebanyak Ringgit..... *fifty-five Only*

Untuk bayaran..... *Nebuliser treatment* KLINIK PAKAR KANAK-KANAK TING SDN BHD  
(1123204-U)

No. 4 Jalan Kenari 1,  
Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

RM 55/-

Tunai / No. Cek

KLINIK PAKAR KANAK-KANAK TING SDN BHD



# KLINIK PAKAR KANAK-KANAK TING SDN BHD

(1123204-U)

No. 4, Jalan Kenari 1, Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

## RESIT RESMI

No. **29291**

6-6-2021

Diterima daripada..... *Aabid Rayyan Bin Harith Ridhwan* Tarikh:.....  
sebanyak Ringgit..... *Three Hundred 00 only*

Untuk bayaran..... *Med'car fee* KLINIK PAKAR KANAK-KANAK TING SDN BHD  
(1123204-U)

RM 301/-  
Tunai // No. Cek

No. 4 Jalan Kenari 1,  
Puchong Jaya, 47170 Selangor.

Tel: 03-5882 0288 Fax: 03-5882 0241

KLINIK PAKAR KANAK-KANAK TING SDN BHD