

KLINIK MEDIVIRON

2116, Jalan 3/1, Bandar Baru Sungai Buloh,
47000 Selangor Darul Ehsan
Tel / Fax : 03-6156 9329

Official Receipt

Invoice No. : REP-A083117/2022 - 1
Invoice Date : 07/Feb/2022

Received from NOR AFIKA BINTI RAJA UMAR
the sum of Ringgit Malaysia 50.00 No. 1 of Payment (Balance : 0.00)
being payment for treatment / medication charges as per following

Remark:

Billing Type: - Cash Patient -

Payment Type: CASH

Discount (-) : 0.00
Subtotal : 50.00
Rounding : 0.00
Total : 50.00



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