

KLINIK PEARL CITY

NO 33, GROUND FLOOR

JALAN 14/155C

57000 BUKIT JALIL

Tel: +603-8999 4767 | Email: pearlcityclinic@gmail.com

OFFICIAL RECEIPT / RESIT RASMI

Print Date /
Tarikh Cetak: 26-08-2021

Receipt No.: VR-4580

Received from /
Diterima daripada: ZIMAM AMER BIN MUHAMAD

The sum of Ringgit
Malaysia / Ringgit: RM50.00

Payment Date /
Tarikh Pembayaran: 26-08-2021

In payment of /
Untuk bayaran: CONSULTATION & MEDICATION

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