



Please share your feedback

Date: 20-Jun-2023
Receipt No: 23-2341

OFFICIAL RECEIPT

Received from: HADI WAFDAN BIN MOHAMAD KHAIR
ID: 181015100633 (VN3649)

The sum of: RM115.00 (one hundred and fifteen only)

KLINIK PHONG
11A, Jalan BRP 7/2,
Bukit Rahman Putra,
47000, Sungai Buloh.
Tel: 017 600 6215
E: klinikphong@gmail.com

No refunds for goods sold and services rendered

(Signature)

Careclinics Healthcare Services Sdn Bhd

Statement Of Charges



Please share
11A, Jalan BRP 7/2, Taman Bukit
Rahman Putra, 47000 Sungai Buloh, Selangor

Tel: 03 - 6151 4205 017 - 600 6215
Email: klinikphong@careclinics.
klinikphong@gmail.com
www.careclinics.com.my

Patient:

HADI WAFDAN BIN MOHAMAD KHAIR (ID 181015100633)
NO20B JALAN IMPIAN 3 TAMAN IMPIAN INDAH
47000 SELANGOR

Visit Date: 20-Jun-2023
RN5845 VN3649

Total: RM115.00

Item	Cost
Consultation	RM35.00
Procedures Nebuliser (ventolin)	RM15.00
Medication SUSP.CURAM 312.5MG/5ML 60ML	RM25.00
Medication SUSP.PARACETAMOL 250MG/5ML ORANGE 100ML	RM10.00
Medication SY.PROSPAN 100ML	RM20.00
Medication SY.AXCEL CHLORPHENIRAMINE 4MG/5ML 100ML	RM10.00
Total	RM115.00

Computer generated statement, no signature is required

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