

PRN : 00396232
 Patient Name : NOR AFIQ BIN ZAINAL ABIDIN
 ID No : 960108106295
 DOB : 08-Jan-1996 (28Y 5M)
 Payer : NOR AFIQ BIN ZAINAL ABIDIN
 Address : NO 21 JALAN KELANANG 28/14
 TAMAN ALAM MEGAH

INVOICE

Invoice No : B24-00049302/124-00078068
 Invoice Date : 10-Jun-24 15:09
 Cashier : ROSUZILAINI
 Location : FGC
 Page : Page 1 of 1
 Visit No : ANSH24-00049134
 Visit Type : Outpatient
 Reg/Admit Date : 10-Jun-24 14:28

SHAH ALAM SELANGOR 40400
 LG Ref No : CASH
 Contact No : 0172254331-SELF

TRX DATE	PERFORM DATE	DESCRIPTION	QTY	AMOUNT (MYR)	DISCOUNT (MYR)	TAX (MYR)	TOTAL (MYR)
10-Jun-24	10-Jun-24	OP-Consultation OP - CONS. FOLLOW-UP(SIMPLE) (DR ROHAMAN TASARIB (ORTHOPEADICS))	1	50.00	0.00	0.00	50.00
		SUBTOTAL		50.00	0.00	0.00	50.00
10-Jun-24	10-Jun-24	Radiology Services FEMUR (TWO VIEWS)	1	49.00	0.00	0.00	49.00
		SUBTOTAL		49.00	0.00	0.00	49.00
10-Jun-24	10-Jun-24	Registration Fees OUTPATIENT REGISTRATION	1	12.00	0.00	0.00	12.00
		SUBTOTAL		12.00	0.00	0.00	12.00
		TOTAL BEFORE ROUNDING		111.00	0.00	0.00	111.00
		ROUNDING					0.00
		TOTAL AFTER ROUNDING					111.00
		PAYMENT					
		CC - VISA / MASTER					111.00
		OUTSTANDING AMOUNT					0.00

We hereby certify that tax invoice
 issued as official receipt.

