



HOSPITAL UMRA
Because We Care...

(646227U)

NO.12-18,JLN BOLA TAMPAR,13/14 SEKSYEN 13,40100 SHAH ALAM ,SELANGOR

Tel: 03-55184319 Fax: 03-55114319

Email: umra@umra.com.my Webpage: www.umra.com.my

RECEIPT

Outpatient

Receipt Date/Time : 05/04/2023 12:32 PM

Receipt No : RECP0000072424

Payor Name : NOR SYAHIDA BINTI JAMBRI

Amount Received (RM) : 170.50

Being Payment For : Medical Services

Payment Mode : Debit Card

Remarks :

Card Type : Master

UMRA MEDICAL
SERVICES SDN BHD

05 APR 2023

PAID

Any dispute or objection to this bill must be reported in writing within 14 days of the receipt of the bill. Drugs sold are not returnable.

Print Date/Time : 05/04/2023 12:32 PM

NUR FARISHA BALQIS BINTI MOHD IZAININ