

KLINIK ALAM MEDIC 24 JAM

NO 7-G JALAN ESERINA AB U16/AB ELMINA EAST SEKSYEN U 16,
40160 SHAH ALAM SELANGOR

Tel 03 - 7831 2004 / 03- 7840 0124 Whatsapp : 017 550 7831

Email: alammedic.elmina@gmail.com

Official Receipt

Receipt No. : Rep-A000146/2023 - 1

Receipt Date : 24/May/2023

Payment ID : 110

Received from FARAH NABILAH BINTI MOHD SAHADAN

the sum of Ringgit Malaysia 120.00 No. 1 of Payment (Balance : 0.00)

being payment for treatment / medication charges as per following

No.	Description	Qty	Unit Price (RM)	Subtotal (RM)	Discount (RM)	Total (RM)
1	CONSULTATION	1	20.00	20.00	0.00	20.00
2	RTK COVID	1	45.00	45.00	0.00	45.00
3	PARACETAMOL 500MG	2	4.00	8.00	0.00	8.00
4	SYP BENA	1	11.00	11.00	0.00	11.00
5	BILAXTEN	1	20.00	20.00	0.00	20.00
6	LOZENGES DIFFLAM	1	16.00	16.00	0.00	16.00

Billing Scheme: PATIENT

Payment Method: DEBIT CARD

Remark:

Subtotal : 120.00

Discount (-) : 0.00

Rounding : 0.00

Total : 120.00

Dr Nurhidayah Mohd Zulkiflee
MD (UKRIDA), MMC NO 64784
Klinik Alam Medic Elmina

Payment Collected By : _____

Authorized Signature _____



Maybank

KLINIK ALAM MEDIC
NO. 7-G
JALAN ESERINA AB U16/AB
ELMINA EAST SEKSYEN U16
40160 SHAH ALAM, SEL

DATE: 24/05/23
BATCH: 000001
HOST: MyDebit

TIME: 09:41:08
INVOICE: 000015
STAN: 000030

MID:
TID:

000027032139115
22068495

SALE

MyDebit

XXXXXXXXXXXX6890

ENTRY:

APPR CODE:

RREF NUM:

AID:

APP CRYPT

TVR VALUE

CONTACTLESS

094108

000011000030

A0000006150001

7A372678C0AD590C

8000008000

AMOUNT:

RM 120.00

NO PIN REQUIRED
NO SIGNATURE REQUIRED

***** CUSTOMER COPY *****

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